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2022 JUN 23 AM II:

FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/23/22

NAME: FIRST KEY LLC

TYPE OF FILING: ARTICLES

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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COVER LETTER

TO:	New Filing Se Division of Co				
SUBJE		EY HOUSE INVESTMEN	NTS, LLC		
SUBJI.	C1:	Name of L	imited Liabili	ty Company	
The enc	losed Articles of	f Organization and fee(s)	are submitted	for filing.	
Please r	eturn all corresp	ondence concerning this r	natter to the fe	ollowing:	
	Matthew B.	Luxenberg			
			Name of	Person	
			Firm/Co	npany	
	16412 Grim	aud Lane			
			Addre	rss	
	Huntington	Beach, CA 92649			
	edward@alle		City/State and	Zip Code	
		E-mail address: (to be use	d for future a	mual report notificat	ion)
For furthe	r information co	ncerning this matter, plea	se call:		
	Edward Alle		949	454-1774)	
	Nam			Daytime Telephor	
Enclose	d is a check for the	he following amount:			
■\$125.00 Filing Fee		□\$130,00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations

Street Address New Filing Section Division The Centre of Tallahassee





June 24, 2022

FLORIDA FILING

SUBJECT: FIRST KEY LLC Ref. Number: W22000085529

We have received your document for FIRST KEY LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 622A00014304

Please Keep original file don't Thank you!

$ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

FILED

ARTICLE I - Name:					
The name of the Limited Liability Company is:			2022 JUN 23 AM II: I SLOW FOR TALL AHASSEE. FL impany is: ailing Address: Lane		
FIRST KEY HOU	SE INVESTA	IENTS, LLC	Showing		
(Must contain the words "Limited L	TALLAHAS	SEE. FL			
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Lir	nited Liability Company is:			
Principal Office Address:		Mailing Address:			
16412 Grimaud Lane		16412 Grimaud Lane			
Huntington Beach, CA 92649	<u> </u>	Huntington Beach, CA 92649			
-					
The name and the Florida street address of the registered Paracorp Incorporated	_				
	Name				
155 Office Plaza Driv	e. 1st Floor				
Florida street address		DT acceptable)			
Tallahassee	FL	32301			
City	State	Zip			
Having been named as registered agent and to accept servic place designated in this certificate, I hereby accept the appo further agree to comply with the provisions of all statutes rel am familiar with and accept the obligations of my position a	intment as reg lating to the pi	istered agent and agree to a oper and complete perform	ct in this capacity. ance of my duties,	1	
Registe	red Agent's S	gnature (REQUIRED)			

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Matthew B. Luxenberg AMBR 16412 Grimaud Lane Huntington Beach, CA 92649 (Use attachment if necessary) _____, (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. -DocuSigned by: REQUIRED SIGNATURE: Matthew B. Lupenberg Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Matthew B. Luxenberg Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 6/22/2022

ENTITY NAME: First Key House Investments, LLC

2022 JUN 23 AM III: II

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated