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COVER LETTER

TO:

Registration Section

Division of Corp	oorations		
SUBJECT: 4 Wor	rds FL Investment, L	LC Limited Liability Company	
			nsact Business in Florida," Certificate of company to transact business in Florida.
Please return all correspon	ndence concerning this matter to the	following:	
_ <u>Jess</u>	se A. Granneman	ame of Person	
Lav	v Office of Jesse A. G	ranneman, LLC	
		irm/Company	
<u>20 N</u>	Manor Drive, P.O. Bo	x 250 Address	
Tro	y, Missouri 63379		
		tate and Zip Code	
	e@jglaw.us E-mail address: (to be use ncerning this matter, please call:	d for future annual report noti	fication)
	Granneman Name of Contact Person	at (636)528-4 Area Code	4910 ime Telephone Number
Mailing Address Registration Se Division of Co P.O. Box 6327 Tallahassee, F.	ection orporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee
	ck for the following amount: k payable to: FLORIDA DEPART Fee \$130.00 Filing Fee & Certificate of Sta	☐ \$155.00 Filing Fee &	X \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SE COMPANY TO TRANSACT L	CCTION 605.0902, FLORIDA STATUTES, THE FOLLO BUSINESS INTHE STATE OF FLORIDA:	WING IS SUBMITTE	D TO REGISTER A F	OREIGN LIMITE	D LIABILITY
4 Words	FL Investments, LLC	tlity Company " "] [C	nor all Cui	···	
		any company, c.c.c	or EEC.)		
(If name unavailable, enter afternate	name "dopted for the purpose of transacting business in Florida."	The alternate name must in	clude "Limited Liability C	ompany," "L.L.C," or	LLC.")
2. <u>Missouri</u> (Jurisdiction under the law of	which foreign limited liability company is organized)	3	(FEI number, if app	dicable)	_
4		T :			
115 8	(Date lirst transected business in Florida, if prior to registra (See sections 605.0904 & 605.0905, F.S. to determine pens	ion.) lty liability)			
5. (Street Address of Principal Office)	ig plim	50 Parc F	orest Trail		-
Suite 2		Hawk Po	int, Missou	ri 63349	_
Niceville	e, FL 32578				
7. Name and street address	ss of Florida registered agent: (P.O. Box NOT	`acceptable)		en t	- -2
					3
Name:	Kimberly Cheatham Cole				->
Office Address:	115 Bailey Drive, Ste. 2			- 05代 - 20円 - 15円 - 15円	g M
	Niceville (City)	, , Florida _	32578 (Zin code)		<u>က</u> က
to comply with the provision		ered acent and ac	ree to act in this c	anación i fueth	
	Kimbuly C. Co. (Registered agent's signature)	le			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to तासम्बद्धः (प्र्क क ड्रोप्र (६) क्रिक्यी): Name and Address: This or Capacity: Title or Capacity: Name and Address: ☐ Manager Name: □ Manager Name Richard L. Saxe Member Address: 20 Marior Drive ☐ Member Address: _ Troy, Missouri 63379 ☐ Authorized □ Authorized Person Person Other_ Other___ DOther_ Other_ ☐Manager OMenager | Name: Name: □Member Address: _ Address: _ **D**Authorized □ Authorized Person Person □ Other COther___ □ Other_ ☐Other____ □ Маладег **OMmagar** Name: _ Name: □Member Address: **DMember** Address: _ □ Authorized □ Authorized Person Person □0thtr_ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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.

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS.

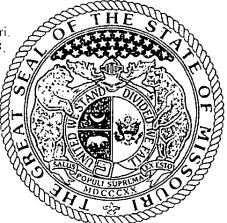
4 Words FL Investments LLC LC014439581

filed its Articles of Organization with this office on the 10th day of February, 2023, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 10th day of February, 2023, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri, Done at the City of Jefferson, this 10th day of February, 2023.

Becretary of State





State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102

LC014439581 Date Filed: 2/10/2023 John R. Ashcroft Missouri Secretary of State

Articles of Organization (Submit with filing fee of \$105.00)

1. The name of the limi 4 Words FL Investme				••
	(Must include "Limited Liability Company," "Limite	ed Company," "LC," "LC	.," "L.L.C.," or "LLC	(")
2. The purpose(s) for wh	hich the limited liability company is organize	ed:		
Purchase, sale, leasing, Act.	and management of real estate, as well as al	I lawful purposes und	der the Missouri	Limited Liability Company
3. The name and addres	s of the limited liability company's registere	ed agent in Missouri i	s:	
Jesse A. Granneman	20 Manor Dr	_	Troy, MC	63379-2044
Name	Street Address: May not use PO Box unless street a	iddress also provided	City/State/Zij	
4. The management of t	the limited liability company is vested in:	☐ managers	☑ members	(check one)
continue, which may	which the limited liability company is to dis be any number or perpetual: <u>Perpetual</u> or to this question could cause possible tax consequence			- • •
	et address(cs) of each organizer (IV) boy may or (Organizer(s) are not required to be n			ress);
Name	Address			City/State/Zip
.Granneman, Jesse A	20 Manor Dr			Troy MO 63379-2044
operating agreement. New Series:	DNAL) Pursuant to Section 347,186, the fim The names of the series must include the ful	I name of the limited	y may establish : Hability compar	a designated series in its ty and are the following:
☐ The limited liabilit	y company gives notice that the series has li	mited liability.		
New Series: ☐ The limited liabilit	y company gives notice that the series has li	mited liability.		
New Series: The limited liabilit	y company gives notice that the series has li	mited liability.		
(Each separate series r	nust also file an Attachment Form LLC 1A.)		
Name and address to re	turn filed document:			
Name: Jesse Grant	eman			
Address: Email: jesse	(ā) jglaw.us			
City, State, and Zip Coo	de:			

 Principal Office Address (O address); 	PTIONAL) of the limited liability company (PO Box may o	only be used in addition to a physical street
20 Manor Dr		Troy, MO 63379-2044
Address (PO Box may)	only be used in conjunction with a physical street address)	City/State/Lip
9. The effective date of this do indicated; :	cument is the date it is filed by the Secretary of State of Mis	ssouri unless a future date is otherwise
	(Date may not be more than 90 days after the filing date in this of	office)
In Affirmation thereof, the facts:	stated above are true and correct:	
The undersigned understands that fr	ilse statements made in this filing are subject to the penulties provide	ded under Section 575.040, RSMo)
All organizers must sign:	•	,
Jesse A Granneman	JESSE A GRANNEMAN	02/10/2023
Organizer Signature	Printed Name	Date of Signature

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH S COMPANY TOTRANSACT 4 Words	SECTION 605.0902 FLORIDA STATUTES THE FO BUSINESS INTHE STATE OF FLORIDA: FL Investments, LLC	OLLOWING IS SUBMITTED TO RE	GISTER A FOREIGN LIMITE	D LIABILMY
(Name of Fore	gn Limited Liability Company, must include "Limited	Liability Company," "[.]. C " or "[.]	C 11/2	_
(If name unavailable, enter afterna	ite name "dopted for the purpose of transporting business in Flo	rids. The shemate name must include "Lim	ited Lisbility Company," "LLC." or	Tuch
2Missouri		3		,
famometer eines the time of	which foreign limited liability company is organized)	(FEI	number, if applicable)	-
4				
	(Date lins) transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	gistration.) penalty liability)	_	
5.115 Bai	lu Drive			
(Street Address of Principal Office)	J = 1.W1	6. 50 Parc Forest	Trail	-
<u>Juite</u> 2	_	Monda Data A	# 1	
Alica (II	r. 225-73	Hawk Point, M	<u> 11ssouri 63349</u>	
IVICEVILL	e, FL 3d5 10	· ————————————————————————————————————		
7. Name and street addre	ss of Florida registered agent: (P.O. Box)			
	Barrel Barrel (1.10) Box [<u>O 1</u> acceptable)	2023 SE(
Name:	Kimberly Cheatham Col	•	A CONTRACTOR	77
	Oneathair Col	<u>c</u>	7-2	7
Office Address:	115 Bailey Drive, Ste. 2	<u> </u>	Y OF	
	Niceville			
	(City)	, Florida32.578	8 PA 3	
Registered agent's accept	ance:		, , ,	
lesignated in this applicati	ustered agent and to accept service of procion, I hereby accept the appointment as re ins, I hereby accept the appointment as re ins of all statutes relative to the proper and	ess for the above stated limited	d liability company at the p	olace
o comply with the provision and accept the obligations	ons of all statutes relative to the proper and of my position as registered agent.	complete performance of my	in this capacity. I further duties, and I am familiar t	r agree with
	Q			
•	Kimbuly C. C.	ate are		
	V	,		

CIMenager	Name Richard L. Saxe	☐Manager	Name:
Manber	Address: 20 Martor Drive	OMember -	Address:
O Anthorized	Troy, Missouri 63379	☐ Authorized	
Person		Person	
□Other	DOther	00ther	
		•	
OManager	Name:	DManager	Name:
	Address;	□ Member	Address:
O Authorized		DAuthorized	
Person		Person	
DOI:	Oother	□0ther	
			. , ——
DManager .	Name:	☐ Manager	Name:
☐ Member	Address:	☐ Member	Address:
DAuthorized		☐ Authorized	
Person		Person	
□ Оtbæ		□ Other	DOther

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of ordstence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under each of the translator must be submitted)

10. 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 fellows as provided for in s.817.155, F.S.

Signature of an extensively person

Typed or prizzed come of signam

STATE OF MISSOUR



John R. Ashcroft Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS.

4 Words FL Investments LLC LC014439581

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IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of February, 2023.

Secretary of Stale



State of Missouri

John R. Ashcroft, Secretary of State Corporations Division PO Box 778 / 600 W. Main St., Rm. 322 Jefferson City, MO 65102 LC014439581 Date Filed: 2/10/2023 John R. Ashcroft Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105,00)

	ited liability company is	•-
4 Words FL Investme	(Must include "Limited Liability Company," "Limited Company," "LC.	""-[C""] [C"" ""[C""
2. The purpose(s) for wl	hich the limited liability company is organized:	ac. LLC, W LLC)
Act.	and management of real estate, as well as all lawful purpose	es under the Missouri Limited Liability Company
. The name and address	s of the limited liability company's registered agent in Miss	Ouri is:
Jesse A. Granneman	20 Manor Dr	T
Name	Street Address: May not use PO Box unless street address also provide	ed ChyState/Lip
The management of t	the limited liability company is vested in: manager.	s 🗷 members (check one)
The events, if any, on	which the limited liability company is to dissolve or the nube any number or perpendicular Perpendicular	mbar of many the Park to the con-
The answer	r to this question could cause possible tax consequences, you may wish to	consult with your attorney or accountant)
	et address(es) of each organizer (PO hov may only be used in addition	
	(Organizer(s) are not required to be member(s), mana	ion to a physical street oddress);
lame	Address	
Granneman, Jesse A	20 Manor Dr	City/State/Zip
·		Troy MO 63379-2044
☐ Series LLC (OPTIO operating agreement. T	ONAL) Pursuant to Section 347,186, the limited liability con The names of the series must include the full name of the lin	npany may establish a designated series in its nited liability company and are the following:
	company gives notice that the series has limited liability.	
New Series: ☐ The limited liability	company gives notice that the series has limited liability.	
New Series:	·	
- the marker respired	COMBRIDE Sives notice that the series has limited to but	
Each senarate series m	company gives notice that the series has limited liability.	
(Each separate series m	company gives notice that the series has limited liability. Just also file an Attachment Form LLC 1A.)	
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(Each separate series m	iust also file an Attachinent Form LLC 1A.)	7
(Each separate series m	urn filed document:	
(Each separate series m Name and address to retue Name: Jesse Granne	urn filed document:	
(Each separate series m	urn filed document: eman	

address);	NAL) of the limited liability company (PO Box may	only be used in addition to a physical street
20 Manor Dr		Troy, MO 63379-2044
Address (PO) Box may <u>only</u> be	used in conjunction with a physical street address)	City/State/Ap
The effective date of this document indicated:	t is the date it is filed by the Secretary of State of M	issouri unless a future date is otherwise
	(t)ate may not be more than 90 days after the filing date in this	office)
In Affirmation thereof, the facts stated. (The undersigned understands that false stated All organizers must sign:	above are true and correct: ements made in this filing are subject to the penalties prov	ided under Section 575.040, RSMo)
Icsse A Granneman Organizer Signature	JESSE A GRANNEMAN Printed Name	02/10/2023 Date of Signature