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(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Plang Officer.			

Office Use Only



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DATE:

07/10/23

NAME: KHI REAL ESTATE FM, LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

BUHA

COVER LETTER

	sew Filing Se Pivision of Co								
SUBJECT	KHI Real Estate FM, LLC								
SOBJECT	·	Name of Limited Liability Company							
The enclos	sed Articles o	f Organization and	fec(s) ar	e submitte	d for filing.				
Please retu	ım all corresp	ondence concernir	ng this m	atter to the	following:				
	Derek Knut	son							
				Name o	f Person	-			
									
				Firm/C	ompany				
	11452 Made	clynn Dr.			_				
				Add	ress				
	Jacksonville	e, FL 32256							
			C	ity/State a	nd Zip Code				
-		nirealestate.com							
		E-mail address: (to	be used	for future	annual report notificat	ion)			
For further in	nformation co	ncerning this matt	er, please	e call:					
	Rebecca Cin	rinicione	72 at (27	415-7453				
	Nam	ne of Person	A	rea Code	Daytime Telephor	ne Number			
Enclosed is	a check for t	he following amou	ınt:						
■\$125.00	Filing Fec	□\$130,00 Filin Certificate of S		Certif	5.00 Filing Fee & ied Copy al copy is enclosed)	□\$160.00 F Certificate of Certified Co (additional cop	f Status & py		
	·	g Address			Street Address	::.: <u>-</u> -	に配置		
New Filing Section Division of Corporations				New Filing Section D The Centre of Tallaha					
P.O. Box 6327				2415 N. Monroe Stre		<i>5</i> 5 € 0			

Tallahassee, FL 32303

Tallahassee, FL 32314

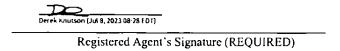
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	- Name:			
The name of	the Limited Liability Company is:			
•				
i	KHI Real Estate FM, LLC			
_	(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.	")	
ARTICLE I	I - Address:			
-	address and street address of the principal office	of the Limited Liability Company	is:	
	Principal Office Address:	Mailing	Mailing Address:	
<u>1</u>	1452 Madelynn Dr., Jacksonville, FL 32256	11452 Madelynn Dr., Ja	icksonville, FL 3225	
_		· -		
(The Limited	II - Registered Agent, Registered Office, & Re Liability Company cannot serve as its own Regi- ness entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate	an individual or	
The name an	d the Florida street address of the registered agen	t are:		
	Derek Knutson	_		
	Nan	ne		
	11452 Madelynn Dr.			
	Florida street address (P.C). Box NOT acceptable)		
	Jacksonville	FL 32256		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

State

City



Zip

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBER	KHI Real Estate, LLC 2810 Market Loop, Ste. 200 Southlake, TX 76092
(Use attachment if necessary)	
(If an effective date is listed, the date must be spec the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Rebecca N	! Cirrinicions
Signature of a men	nber 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.

Rebecca Cirrinicione, organizer

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)