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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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RECEIVED 2023 OCT 30 PM 3: 20 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 098687 4333422
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE : October 30, 2023
ORDER TIME : 2:05 PM
ORDER NO. : 098687-010
CUSTOMER NO: 4333422
DOMESTIC FILING
NAME: RJ KING INVESTMENTS 2 LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland-sorenson - EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO:	New Filing Section Division of Corporations			
SURIFO	RJ King Investments 2 LLC			
SOBOLO	Name of	Limited Liabili	ty Company	
The encl	osed Articles of Organization and fee(s) are submitted	for filing.	
Please re	eturn all correspondence concerning this	matter to the fo	ollowing:	
	Sonia K. Lowe, Paralegal			
		Name of	Person	
	Baker & Hostetler LLP			
		Firm/Cor	npany	
	200 Civic Center Drive, Suite 12	00		
		Addre	SS	
	Columbus, Ohio 43215			
	mgraban@bakerlaw.com	City/State and	l Zip Code	
	E-mail address: (to be us	sed for future at	nnual report notification	 on)
For further	r information concerning this matter, ple	ease call:	·	
	Sonia K. Lowe	614	462-4701	
	Name of Person		Daytime Telephone	
Enclosed	l is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Centifie		S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	í 1)	Street Address New Filing Section Division of Corporatio Clifton Building 1661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

RJ King Investment				
(Must conta	in the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Lir	nited Liability Company is:	
Principa	Office Address:		Mailing Address:	
12110 Sunnydale D	rive		12110 Sunnydale Drive	
Wellington, FL 3341		<u> </u>	Wellington, FL 33414	
another business entity with an ac	cannot serve as its own tive Florida registration———	n Registered Ag on.)	Agent's Signature: ent. You must designate an individual or	- ;
The name and the Florida street a	ddress of the registered	d agent are:		13 4
	Corporation Service	e Company		
		Name		<u>;</u>
	1201 Hays Street			بو دي
	Florida street addres	ss (P.O. Box N 0	OT acceptable)	O.
	Tallahassee	FL	32301	
	City	State	Zip	

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..

Corporation Service Company

By Wuland-Srenson, AVP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	<u>Title:</u> "AMBR" = A	authorized Member	Name and Address:	
Wellington, FL 33414 (Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:		mager 		
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:				<u> </u>
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:				
RTICLE V: Effective date, if other than the date of filing:	_			
RTICLE V: Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 edate of filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not edocument's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /// Michael Dea 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. Michael Dea	(Use attachme	mi if necessary)		_ :
e date of filing.) ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: /s/ Michael Dea 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. Michael Dea				r 90-days afta
REQUIRED SIGNATURE: /s/ Michael Dea 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. Michael Dea	e date of filing.) ote: If the date inser	ted in this block does not meet t	the applicable statutory filing requirements, this date will	
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		This document is executed in I am aware that any false info	naccordance with section 605.0203 (1) (b), Florida Statut Internation submitted in a document to the Department of St	
t yped or printed name of signee				
		Ty	pea or printed name of signee	

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-