# C24000 134348

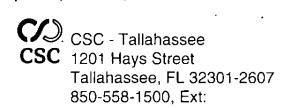
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200425631532





To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 03/25/24 Order #: 1463118-1

Re: KRRB INVESTMENTS, LLC Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

120000000195/

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

	w Filing Sec vision of Co			
SUBJECT:	KRRB IN	VESTMENTS, LLC Name of L	mited Liability Company	<del></del>
The enclose	ed Articles of	Organization and fee(s) a	re submitted for filing.	
Please retur	n all correspo	ondence concerning this n	natter to the following:	
	MICHA	EL BEDKE, ESQ.		
			Name of Person	
	DLA PI	IPER LLP (US)		
			Firm/Company	
	3111 W	V DR MLK JR BLVD, SUI		
			Address	
	TAMPA	A, FL 33607		
		•	City/State and Zip Code	
_	J	E-mail address: (to be use	d for future annual report notificat	cion)
For further in	formation co	ncerning this matter, plea	se call:	
<u>.</u>	LESLIE SCHI	ILLIGat (_	813 ) 222-5907	ne Number
	Nam	e of Person	Area Code Daytime Telephor	ne Number
Enclosed is	a check for th	ne following amount:		
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	© S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Octificate of Status &-Certificate Copy (additional copy is enclosed)
		g Address	Street Address	Nutrice

New Filing Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KRP	B INVESTMENTS, LLC			
(Must c	ontain the words "Limited	Liability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal o	office of the Limited	Liability Company is:	
<u>Prin</u>	Principal Office Address:		Mailing Address:	
c/o DLA Piper LLI		sa	same	
3111 W Dr MLK . Tampa, FL 3360		<del></del>		
•	an active Florida registration eet address of the registered	•	3	individual or
•	v	d agent are:	3	ind (vidda) (vi
•	eet address of the registered	d agent are:		ind (vidda) (vi
•	Corporation Service	d agent are: Company Name		individual ()
•	eet address of the registered	d agent are: Company Name		
•	Corporation Service  1201 Hays Street Florida street address Tallahassee	d agent are:  Company  Name  ss (P.O. Box NOT a	cceptable) 32301	
The name and the Florida stre	Corporation Service  1201 Hays Street Florida street addres	d agent are:  Company  Name  ss (P.O. Box NOT a	cceptable)	
•	Corporation Service  1201 Hays Street Florida street addres  Tallahassee  City  ed agent and to accept service, I hereby accept the apple provisions of all statutes reports of the position o	d agent are:  Company Name  SS (P.O. Box NOT a  FL  State  sice of process for the pointment as register relating to the proper	cceptable)  32301  Zip  above stated limited lied agent and agree to a army and complete performations of the complete performations of the complete of the complete of the complete performations of the complete of the comp	ability company at the ct in this capacity? 1 > 3 and 12 ance of my duties, and 12

### ARTICLE IV-

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

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
Authorized Member	Michael A. Bedke, Esq.	
<del></del>	c/o DLA Piper LLP (US)	
	3111 W Dr MLK Jr Blvd, Suite 200, Tampa, FL 33607	
(Use attachment if necessary)		
e document's effective date on the Departme	ot meet the applicable statutory filing requirements, this date will not be lisent of State's records.	ted a
RTICLE VI: Other provisions, if any.		•
	(7 ~)	
-		
REQUIRED SIGNATURE: (		£===
	Este Chiller F. N	
Signature of a	member or an authorized representative of a member ?	b
	ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.	ا
I am aware that any f	alse information submitted in a document to the Department of State.	[===
constitutes a third de	gree felony as provided for in s.817.155, F.S.	ري
Lastia Califfic	Authorized Description	
Lesile Schillig	g. Authorized Representative	
	Typed or printed name of signee	
	Filing Fees:	
	Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional		
\$ 5.00 Certificate of Status (Opt	tional)	

- \$ 5.00 Certificate of Status (Optional)

CSC FIN-44174