

L24000332775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

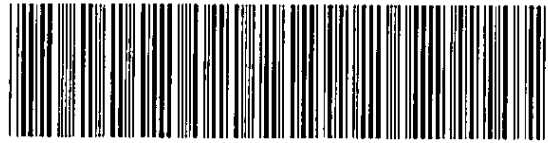
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300432574813

FILED

2024 AUG -1 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 AUG -1 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$130.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Forty Acres Investment Group, LLC.

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copies of Articles of Organization

X  Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

X  Limited Liability

\_\_\_ Domestication

\_\_\_ INC

\_\_\_ LLLP

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Trademark

\_\_\_ Other

FILED  
2024 AUG - 1 AM 9:47  
TALLAHASSEE, FL

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$130.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_

Forty Acres Investment Group, LLC.

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copies of Articles of Organization

X  Certificate of Status

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

X  Limited Liability

\_\_\_ Domestication

\_\_\_ INC

\_\_\_ LLLP

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Trademark

\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
2024 AUG - 1 AM 9:47  
TALLAHASSEE, FL  
FLORIDA CLERK'S OFFICE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Forty Acres Investment Group, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

S. Tenille Mulkey  
Name of Person

Forty Acres Investment Group, LLC  
Firm/Company

4850 N State Road 7 Suite G-111  
Address

Lauderdale Lakes, FL 33319  
City/State and Zip Code

jabezpropertyinvestments@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S. Tenille Mulkey at (954) 372-6945  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 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

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 310  
Tallahassee, FL 32303

2024 AUG -1 AM 9:47

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Forty Acres Investment Group, LLC  
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
<u>4850 N State Road 7</u> <u>Suite G-111</u> <u>Lauderdale Lakes, FL 33319</u>	<u>4850 N State Road 7</u> <u>Suite G-111</u> <u>Lauderdale Lakes, FL 33319</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

<u>S. Terille Mulkey</u>		
Name		
<u>4850 N State Road 7 Suite G-111</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Lauderdale Lakes</u>	<u>FL</u>	<u>33319</u>
City	State	Zip

STATE OF FLORIDA  
TALLAHASSEE, FL

2024 AUG - 1 AM 9:47

FILED

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..

S. Terille Mulkey  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

S. Tenille Mulkey  
4450 N. State Road 7, Suite G-111  
Lauderdale Lakes, FL 33319

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/31/24 (OPTIONAL)  
(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.

**REQUIRED SIGNATURE:**

S. Tenille Mulkey

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.

S. Tenille Mulkey

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)

2024 AUG - 11  
AUG 9:47  
DEPARTMENT OF STATE  
TALLAHASSEE, FL

FILED