

L24000378517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

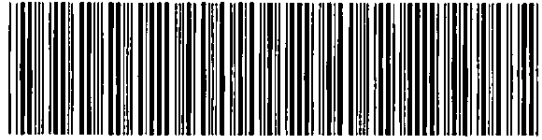
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/27/24--01035--007 **125.00

2024 AUG 27 PM 4:17
FILED
2024 AUG 27 PM 4:17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Provenance Investment Group 4 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:

Elizabeth Goeltz

Name of Person

Wealthy and Healthy LLC

Firm/Company

PO Box 291

Address

Henderson, KY 42419

City/State and Zip Code

Elizabeth@LifePlanBusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Goeltz

270

212-0780

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$150.00 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 810
Tallahassee, FL 32303

2024 AUG 27 PM 4:17
OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Provenance Investment Group 4 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:

1695 US 41 Bypass S

Unit 1

Venice, FL 34293

Mailing Address:

Attn: Kevin Groves

10131 Admiral Drive

Evansville, IN 47725

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:

Elizabeth Goeltz

Name

6305 Naples Blvd #1205

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

34109

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2026 AUG 27 PM 4:18
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Kevin Groves
10131 Admiral Drive
Evansville, IN 47725

AMBR

Colten Burress
4411 Saybrook Dr
Evansville, IN 47711

AMBR

Jordan Khan
2447 Whitman St
Clearwater, FL 33765

AMBR

Justin Williams
12645 Sagewood Drive
Venice, FL 34293

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.

Elizabeth Goeltz

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)

Attachment

Provenance Investment Group LLC 4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV Continued-

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

AMBR William Burress
410 W 2nd St
Madison, IN 47250

AMBR Javeed Kahn
3430 Alvin Dr
Jacksonville, FL 47130

AMBR James Wells
2430 Windemere Drive
Evansville, IN 47725

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