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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : VAST ACCOUNTING & TAX SERVICES, LLC
Account Number : I20230000003
Phone : (347)387-5854
Fax Number : (800)217-8791

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
PKT INVESTMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

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T.S.H
11/5/24

VAST
Accounting & Tax Services
"Value – Accuracy - Satisfaction – Trust"

COVER LETTER

Monday, November 04,2024

To: New Filing Section
Division of Corporation

Subject:
PKT INVESTMENT 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:

VAST Accounting & Tax Services
4714 Wolfram Ln
New Port Richey, FL 34653
Fax: 800-217-8791

For further information concerning this matter, please call or e-mail:
Magdy Youssef 347-387-5854 or e-mail at vastcpa@gmail.com

Enclosed is our fax filing coversheet for $125.00 for the Filing Fee

VAST Accounting & Tax Services

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

PKT INVESTMENT 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:
3928 AMBASSADOR DR	3928 AMBASSADOR DR
PALM HARBOR, FL 34685	PALM HARBOR, FL 34685

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:

MICHAEL SHAKER
Name

3928 AMBASSADOR DR
Florida street address (P.O. Box NOT acceptable)

PALM HARBOR FL 34685
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)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company.

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	MICHAEL SHAKER 3928 AMBASSADOR DR PALM HARBOR, FL 34685
MGR	RANIA SHAKER 3928 AMBASSADOR DR PALM HARBOR, FL 34685

(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.

MICHAEL SHAKER
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)

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