

MA21000012940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

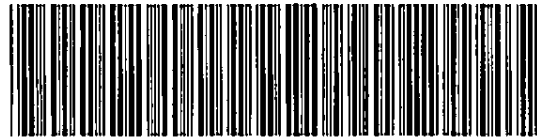
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000067805

Office Use Only



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APR 30 2021

05/03/21--01005--018 ++125.00

2021 JUL 22 11:13:13

APR 30 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KFP Investments LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

David Kelly
Name of Person
KFP Investments LLC
Firm/Company
203 Tennessee Ave.
Address
Signal Mountain, TN 37377
City/State and Zip Code
dkellyetal@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Kelly at (901) 485-9724
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Brumbley, Kyle D.

From: Rhett Armistead <rhett@nmstitle.com>
Sent: Wednesday, September 29, 2021 11:38 AM
To: Brumbley, Kyle D.
Subject: KFP Investments, LLC (W21000067805)

EMAIL RECEIVED FROM EXTERNAL SOURCE

Kyle –

Per our conversation, please go ahead and process the foreign LLC registration for KFP Investments, LLC (W21000067805). The Florida LLC with the same name that was filed in error has been dissolved.

Thanks.

Rhett J. Armistead, Esq.
Armistead Law, PLLC
8925 Goodman Road
Olive Branch, MS 38654
(662) 895-4844

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. KFP Investments LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

24050 PB LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. TN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 203 Tennessee Ave.
(Street Address of Principal Office)

6. 203 Tennessee Ave.
(Mailing Address)

Signal Mountain, TN 37377

Signal Mountain, TN 37377

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Gr. T. McKenzie

Office Address: 7181 Gasparilla Rd.

Port Charlotte

(City)

Florida

33981
(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
☒ Manager Name: David Kelly
☐ Member Address: 203 Tennessee Ave.
☐ Authorized Signal Mtn., TN 37377
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☐ Manager Name: Leslie Davis
☒ Member Address: 203 Tennessee Ave.
☐ Authorized Signal Mtn., TN 37377
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

David Kelly
Signature of an authorized person
David Kelly
Typed or printed name of signee



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

RHETT ARMISTEAD
8925 GOODMAN ROAD
OLIVE BRANCH, MS 38654

April 23, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0414204

Issuance Date: 04/23/2021

Copies Requested: 1

Document Receipt

Receipt #: 006318107

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3805044886

\$20.00

Regarding: KFP Investments LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 03/02/2021

Status: Active

Duration Term: Perpetual

Business County: SHELBY COUNTY

Control #: 1174706

Date Formed: 03/02/2021

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

KFP Investments LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 045870936