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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
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K. Brumbley

COVER LETTER

TO:	Registrati Division o	on Section f Corporations	i.			
orin II		STMENT PROPERTIES, LLC, an Oklaho	oma limited liability company			
SOBJE	ECT:	Name of Limited Liability Company				
The en Exister	closed "App	lication by Foreign Limited Liability Comp k are submitted to register the above refere	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida			
Please	return all co	rrespondence concerning this matter to the	following:			
	I	David Minacci, Esq.				
Name of Person						
Мапаusa, Shaw & Minacci, P.A.						
	Firm/Company					
	,					
	Address					
St. George Island, FL 32328						
	tate and Zip Code					
	emailandreareed@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For fur	ther informa	tion concerning this matter, please call:				
Andrea Reed		eed	918 857-9315 at ()			
		Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:			Street Address:			
Registration Section			Registration Section			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
			2415 N. Monroe Street, Suite 810			
Tallahassec, FL 32314			Tallahassee, Fl. 32303			
	Please ma	s a check for the following amount: ke check payable to: FLORIDA DEPART 0 Filing Fee \$\times \text{130.00 Filing Fee &}\text{Certificate of Sta}	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate			

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. __INVESTMENT PROPERTIES, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") INVESTMENT PROPERTIES SERIES 3. 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.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 14525 NORTH SHERIDAN RD SAME AS PRINCIPAL (Mailing Address) (Street Address of Principal Office) COLLINSVILLE, OK 74021 7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable) DAVID MINACCI, ESQ. Name: 140-D West 1st St. Office Address: St. George Island

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.

(Registered agent's signature)

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:	Title or Canacity:	Name and Address: CHRISTOPHER ROBERT REEL
■ Manager	Name: ANDREA LYNN REED	■Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	SKIATOOK, OK 74070	□Authorized	SKIATOOK, OK 74070
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
Authorized		□Authorized	
Person		Person	
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mu 10. This document	Ise an attachment to report more than six (6), may be added to the index when filing your ifficate of existence, no more than 90 days of the law of which it is organized. (If the certificate submitted) is executed in accordance with section 605.00 ment to the Department of State constitutes a	Florida Department of State 1, duly authenticated by the rate is in a foreign language 203 (1) (b), Florida Statutes	official having custody of records in the a translation of the certificate under oath. I am aware that any fulse information
	A NICOLUA I DEGLA	es of anytonian real beasest	
	ANDREA L. REED	व्य क्रिक्तियो प्रकारक व्य स्थापन	

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that INVESTMENT PROPERTIES, LLC whose registered agent is CHRISR REED, with its registered office at 4853 S SHERIDAN RD STE 616 TULSA 74145 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>23rd</u>, day of <u>August</u>, <u>2024</u>.

Secretary Of State