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TALLAHASSEE, FLORIDA

D. BRUCE  
APR 17 2008  
EXAMINER



**TOTAL BUSINESS SERVICES, INC.**

Financial Management and Tax Planning

5641 Burke Centre Parkway, Suite 125  
Burke, VA 22015  
(703) 239-1066 (Fax) 239-1067  
info@tbstax.com

April 9, 2008

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: Kandoo, LLC.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard S. Nadolski  
Total Business Services, Inc.  
5641 Burke Centre Parkway, Ste 125  
Burke, VA 22015

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Richard S. Nadolski at (703)-239-1066 Ext. 1

Enclosed is a check for \$130.00 for the Filing Fee & Certificate of Status. Please return the Certificate of Status to my attention at the above listed address.

- \$125 Filing Fee
- \$130 Filing Fee & Certificate of Status
- \$155 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Sincerely,

Richard S. Nadolski

RSN/  
Enclosures

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Kandoo, LLC.**

**ARTICLE II – Address:**

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

**Principal Office Address:**  
14124 N. CYPRESS COVE CIR.  
DAVIE, FL 33325

**Mailing Address:**  
14124 N. CYPRESS COVE CIR.  
DAVIE, FL 33325

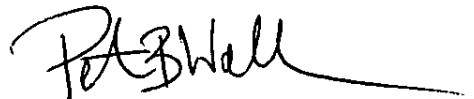
**ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature**

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

**PETER B. WALLACE**  
14124 N. CYPRESS COVE CIR.  
DAVIE, FL 33325

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*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 Chapter 608, F.S.*



Registered Agent’s Signature

**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing member is as follows:

**Title:**  
MGRM

**Name and Address:**  
Lawrence B. Wallace  
6160 Pohick Station Drive  
Fairfax Station, VA 22039

MGR

Peter B. Wallace  
14124 N. Cypress Cove Cir.  
Davie, FL 33325

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**SIGNATURE:**

  
\_\_\_\_\_  
Lawrence B. Wallace

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
**Lawrence B. Wallace**  
Typed or printed name of Signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$5.00 Certificate of Status (Optional)**