

L14000624326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

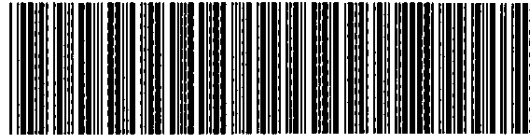
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800256391498

02/07/14--01024--023 \*\*125.00

14 FEB - 7 PM 1:15  
FALLS CHURCH, VA  
FALLS CHURCH, VA

J. Stivers FEB 12 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KENLOR TRANSPORT, 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:

THOMAS P KENT  
Name of Person

KENLOR TRANSPORT, LLC  
Firm/Company

130 LAKE CALOOSA LNDG  
Address

FROSTPROOF, FL 33843  
City/State and Zip Code

tpkent59@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas P Kent at ( 863 ) 528-6370  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENLOR TRANSPORT, LLC

(Must end with 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:

130 LAKE CALOOSA LNDG  
FROSTPROOF, FL 33843

130 LAKE CALOOSA LNDG  
FROSTPROOF, FL 33843

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:

TRACY J KENT  
Name

130 LAKE CALOOSA LNDG.  
Florida street address (P.O. Box **NOT** acceptable)

FROSTPROOF                      FL                      33843  
City    Zip

RECEIVED  
14 FEB -7 PM 1:45

*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.*

*Tracy J. Kent*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
MGRM

**Name and Address:**  
THOMAS P KENT  
130 LAKE CALOOSA LNDG  
FROSTPROOF, FL 33843

MGRM

REGINALD M TAYLOR  
14125 QUEEN SIDE STREET  
ORLANDO, FL 32824

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 02-04-2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

*Thomas P Kent*

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

THOMAS P KENT *Thomas P Kent*  
Typed or printed name of signee

16 FEB -7 PM 1:46  
STATE OF FLORIDA  
DEPARTMENT OF STATE

**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)