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03 FEB 25 M ID: 31 SECRETARY OF STATE

Kevin S. Kendall

15921 Bridgewater Lane

Tampa, FL 33624

Daytime phone

813.961.1689

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kendaco, LLC ARTICLE II - A	ddraec•
	ess and street address of the principal office of the Limited Liability Company is:
15921 Bridgewa	
Tampa, FL 3362	
ARTICLE III - F	Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the	Florida street address of the registered agent are:
	Kevin S Kendall
	Name
	15921 Bridgewater Lane
	Florida street address (P.O. Box NOT acceptable)
	Tampa, _{FL} 33624
	City, State, and Zip
liability company registered agent of statutes relating t accept the obliga	ed as registered agent and to accept service of process for the above stated limited at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of all to the proper and complete performance of my duties, and I am familiar with and stions of my position as registered agent as provided for in Chapter 608, 138. Registered Agent's Signature An additional article must be added if an effective date is requested to the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with and the proper and complete performance of my duties, and I am familiar with a my duties, and I am familiar with a my duties with a my duties.
	Signature of a member or an authorized representative of a member.
	(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.)

Typed or printed name of signee

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)