# 3000026838

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	<u> </u>
(City/S	tate/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nar	me)
(Docur	nent Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filir	ng Officer:	
		2)22

Office Use Only



200021514522

07/18/03--01091--007 \*\*160.00

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kenkoy, LLC (Name of Limited Liability Company)	<del></del>
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Antonia LIUII (Name of Person)	
Kenkoy, LLC (Firm/Company)	O3 JU SECRE TALLAH
2609 Illinois St.	L 18 PM 2: 33 ASSEE, FLORID
Orlando, FL 32803 (City/State and Zip Code)	PH 2: 33
For further information concerning this matter, please call:	

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

### **MAILING ADDRESS:**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Kenkoy, LLC

ARTICLE II - Address: The mailing address and street as	ddress of the principa	l office of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
2609 Illinois St. Orlando, FL 32803	3	2609 Illinois St. Orlando, FL 32803
ARTICLE III - Registered Age	ent, Registered Offic	e, & Registered Agent's Signature:
The name and the Florida street	address of the register	red agent are:
Ant	onia LIUII	
2609 ]	Illinois St.	O3 JI SEUR TALLAS
<b>~</b> .	street address (P.O. Box I	المستحدث الم
<u>Orl</u>	ando FL	32803 Sin ∞
	City, State, and Zip	To P
liability company at the place de registered agent and agree to act statutes relating to the proper an	signated in this certific t in this capacity. I fur d complete performan	service of process for the above stated limited cate, I hereby accept the appointment as continued there agree to comply with the provisions of all ce of my duties, and I am familiar with and as provided for in Chapter 608, F.S
_ 4	lutonia Slu	ill
	Registered Agent's Sign	ature

(CONTINUED)

ARTICLE IV- Manager(s) on Managi The name and address of each Manager	ng Member(s): or Managing Member is as follows: Kenko Name and Address:	y, LLC
Title: "MGR" = Manager "MGRM" = Managing Member)	Name and Address:	Member- Maraged Compai
MGRM	Antonia Llull 2609 Tilinois St. Orlanda, FL 32803	
MGRM	Carmen Llull 420 Bridle Path Casselberry, Fl 32707	
MGRM	Jose Llull 420 Bridle Path Casselberry, FL 32707	
MGRM	Jose Antonio Boufford 1936 Sherwood Glen Bloomfield Hills, MI 4830	
(Use attachment if necessary) MGRN	1936 Sherwood Glen 483	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.	7 P N N 2: 33
	or an authorized representative of a member.	
(In accordance with secti	on 608 408(3) Florida Statutes, the execution	

(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.)

Antonia Llull
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)