

LD4000017705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
2004 MAR -5 AM 8:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

W04-8431
J. BRYAN MAR - 1 2004

J. BRYAN MAR - 8 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PETER KENT, 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:

DR. PETER KENT
(Name of Person)

PETER KENT, LLC
(Firm/Company)

203 WEST 18th Street
(Address)

Sanford, FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

PETER KENT at 407, 595-0007
(Name of Person) (Area Code & Daytime Telephone Number)

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

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2004 MAR -5 AM 8:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 1, 2004

DR. PETER KENT
PETER KENT LLC
203 WEST 18TH STREET
SANFORD, FL 32771

SUBJECT: PETER KENT, LLC
Ref. Number: W04000008431

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for PETER KENT, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 304A00013671

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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

PETER KENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

203 W. 18th St.
Sanford, FL
32771

Mailing Address:

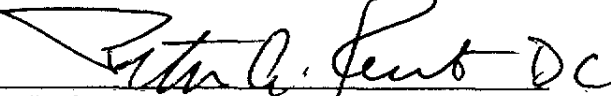
Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

PETER KENT, LLC
Name
203 W. 18th Street
Florida street address (P.O. Box NOT acceptable)
Sanford FLORIDA 32771
City, State, and Zip

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 608, Florida Statutes..


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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

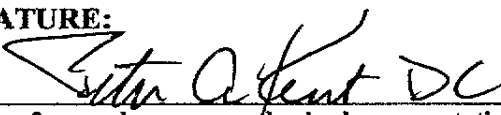
MGR

PETER KENT
203 W. 18th Street
Sanford, FL 32771

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

PETER A. KENT, DC
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)

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TALLAHASSEE, FLORIDA