

L 040000 58798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

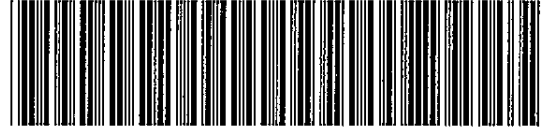
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200039652152

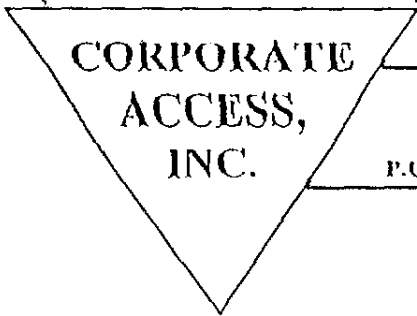
08/03/04--01011--012 **620.00

EFFECTIVE DATE
8/2/04
04 AUG -9 PM 2:25
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 AUG -9 AM 10:51
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

[Handwritten signature]

\$155.00



236 East 6th Avenue Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

EFFECTIVE DATE

8/2/04

WALK IN

PICK UP

8/6 T.S.

FILED
9 PM 2:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CERTIFIED COPY

CUS

PHOTO COPY

FILING

LLC

1.) K.D.N. Enterprises, LLC
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

EFFECTIVE DATE
8/2/04

FILED
04 AUG -9 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

K.D.N Enterprises, LLC

ARTICLE II - Address:

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

Principal Office Address:

23024 Atlantic Cir
Boca Raton FL 33428

Mailing Address:

23024 Atlantic Cir
Boca Raton FL 33428

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

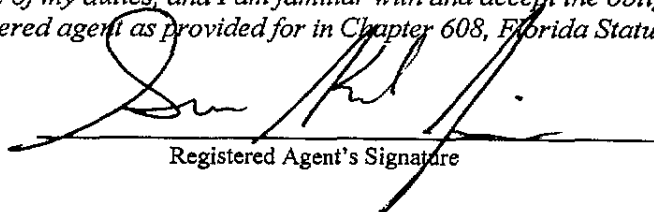
The name and the Florida street address of the registered agent are:

Steven Keith Jenkins
Name

22211 Sands Point Dr.
Florida street address (P.O. Box NOT acceptable)

Boca Raton FLORIDA 33433
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:

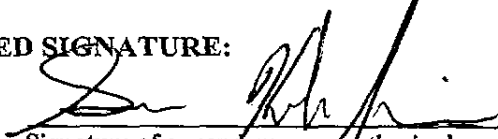
MGR

Steven Jenkins
23024 Arlington Cir
Boca Raton FL 33428

(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.)

Steven Keith Jenkins
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)

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

K.D.N. Enterprises, LLC

August 6, 2004

ARTICLE V – Effective Date of Company

The effective date of the Company should be August 2, 2004.