

604000072469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies

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Certificates of Status

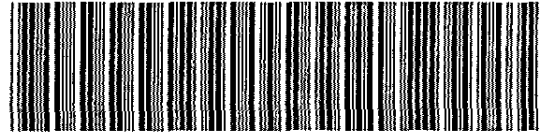
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Special Instructions to Filing Officer:

10/5

FLC

Office Use Only



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10/05/04--01037--003 **160.00

MJR, J

CLERK OF COURT
TALLAHASSEE, FLORIDA

04 OCT -5 AM 10:45

FILED

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KZ Enterprises 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:

Robert Kennedy
(Name of Person)

(Firm/Company)

6775 Duval Ave.
(Address)

West Palm Beach, FL 33411
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Kennedy at (561) 289-6158
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KZ Enterprises 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:

6775 Duval Ave.

6775 Duval Ave.

West Palm Beach, FL 33411

West Palm Beach, FL 33411

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

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

Robert Kennedy

Name

6775 Duval Ave.

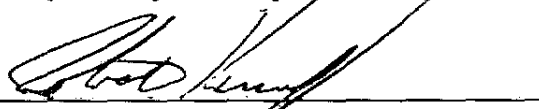
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach

FLORIDA 33411

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

FILED
04 OCT -5 AM 10:45
CLERK OF DISTRICT COURT
ALLAHABAD, FLORIDA

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

Robert Kennedy

6775 Duval Ave.

West Palm Beach FL 33411

MGRM

Cole Ziebarth

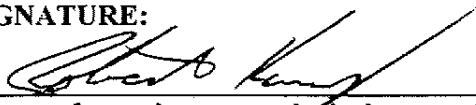
6775 Duval Ave.

West Palm Beach FL 33411

(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.)

Robert Kennedy

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)