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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: SONN Y KENNEDY L.L.C. (Name of Limited Liability Company)	
(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:	
WANACE E KENNEDY II	
(Name of Person)	
(Constant)	
(Firm/Company)	
1216 BAY ShorE Blvd (Address) = =================================	
(Address) S	
INDIAN ROCKS BEACK FZ 33785 City/State and Zip Code) For further information concerning this matter, please call:	下したし
(City/State and Zip Code)	C
For further information concerning this matter, please call:	
WALLE KENNEDY I at (727) 743 0588	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee	
(additional copy is enclosed) Certified Copy (additional copy is enclosed)	
STREET ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section	
Division of Corporations 409 E. Gaines Street Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399 Tallahassee, Florida 32314	



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 3, 2005

WALLACE E. KENNEDY II 1216 BAYSHORE BLVD INDIAN ROCKS BEACH, FL 33785

SUBJECT: SONNY KENNEDY L.L.C.

Ref. Number: W05000005724

We have received your document for SONNY KENNEDY L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 905A00007813

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address	Mailing Address
ARTICLE II - Address: The mailing address and street a	address of the principal office of the Limited Liability Company is:
SONNY	KENNEdy L.L.C.
The name of the Limited Liabili	ity Company is:

ARTICLE I - Name:

Therpar Office Address:	Maning Address:
1216 BAY Shore Blud	1216 13MY Shore Blud
Indian Rocks BEACH	Indian Rocks Boach
FL 33785	FL 33785

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

The name and the Florida street address of the registered agent are:	F/F 95
WALLACE E KENNEDY I	意思
Name	
1216 BAY Shore Blvd	글 김
Florida street address (P.O. Box NOT acceptable)	
Indian Pocks BEACHER 33785	왕
City, State, and Zip	7

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

365 VELMA DVE LArgo FL 33770

(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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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