

L05000105388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

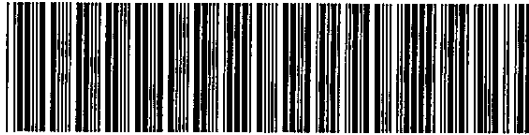
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 OCT 27 AM 9:11
RECEIVED
05 OCT 27 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CORPORATION DIVISION



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October 27, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

KenLan Management LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KenLan Management LLC

ARTICLE II - Address:

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

Principal Office Address:

984 Oyster Court
Sanibel, Florida 33957

Mailing Address:

984 Oyster Court
Sanibel, Florida 33957

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

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

A. Scott Logan

Name

984 Oyster Court

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

Sanibel FL 33957

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, F.S.

A. Scott Logan
Registered Agent's Signature

(CONTINUED)

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CLERK OF DISTRICT COURT
TALLAHASSEE, 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

A. Scott Logan

984 Oyster Court

Sanibel, FL 33957

MGR

Kent Logan

19 Hampton Road, Boulevard B, Suite 9
Exeter, NH 03833

MGR

Lance Logan

11144 Lakeland Circle

Fort Myers, FL 33913

(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.)

Lance Logan, Trustee of the Lance Logan Irrevocable

Typed or printed name of signer

Trust Agreement, Member

Filing Fees:

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

5 30.00 Certified Copy (Optional)

3 5.00 Certificate of Status (Optional)