

200077845622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

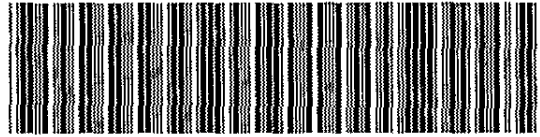
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200077845622

07/28/06--01014--021 \*\*155.00

FILED  
06 JUL 28 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LaBARBERA & CAMPBELL**  
*Attorneys and Counselors at Law*

MICHAEL D. LABARBERA  
EDWARD S. CAMPBELL, III

1907 WEST KENNEDY BOULEVARD  
TAMPA, FLORIDA 33606-1530  
(813) 251-1940 FAX: (813) 251-3240

July 26, 2006

Registration Section  
Division of Corporations  
409 E. Gaines St.  
P.O. Box 6327  
Tallahassee, FL 32214

**FILED**  
06 JUL 28 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Kennedy Hills, LLC

To whom it may concern:

Articles of Organization and fees are submitted for filing the above Limited Liability Company.

Filing Fee	\$100.00
Designation of Registered Agent	25.00
Certified Copy	<u>30.00</u>
Total	\$155.00

Please return all correspondence concerning this matter to the following:

Michael D. LaBarbera, Attorney  
LaBarbera & Campbell  
1907 W. Kennedy Blvd.  
Tampa, FL 33606

For further information on this matter, please call Michael D. LaBarbera at 813-251-1940.

Very truly yours,



Michael D. LaBarbera

MLB:elm  
cc: Les Thompson  
D:\THOMPSON\Kennedy Hills, LLC\SecyStateTransmittal Letter.wpd

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

06 JUL 08 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kennedy Hills, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

5015 E. Hillsborough Avenue

Tampa, FL 33601

**Mailing Address:**

5015 E. Hillsborough Avenue

Tampa, FL 33601

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

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

Michael D. LaBarbera

Name

1907 W. Kennedy Blvd.

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

Tampa

FLORIDA 33606

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:**

MGRM

Leslie V. Thompson

5015 E. Hillsborough Avenue

Tampa, FL 33601

MGRM

Thomas H. Lopez

7371 Rowlett Park Dr.

Tampa, FL 33610

MGRM

Todd T. Lopez

3309 King Richard Court

Seffner, FL 33584

(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.)

Michael D. LaBarbera

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)**

**FILED**  
06 JUL 28 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA