

W60000 81289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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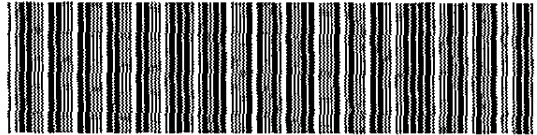
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W6-81289
QR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 317346 4328337

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : August 17, 2006

ORDER TIME : 9:32 AM

ORDER NO. : 317346-005

CUSTOMER NO: 4328337

DOMESTIC FILING

NAME: KENLAN SPORTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - EXT. 2937

EXAMINER'S INITIALS: _____

File 136

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENLAN SPORTS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

664 Aston Green Blvd.
Lehigh Acres, FL 33936

Mailing Address:

664 Aston Green Blvd.
Lehigh Acres, FL 33936

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cohen & Grigsby, P.C.

Name

27200 Riverview Center Blvd., Suite 309

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

Bonita Springs

FL 34134

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..

Cohen & Grigsby, P.C.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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2006 AUG 17 PM 12:41
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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

John R. Kennedy

664 Aston Green Blvd.

Lehigh Acres, FL 33936

MGRM

Diane Lanctot

664 Aston Green Blvd.

Lehigh Acres, FL 33936

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Lyman M. Eader
of a member or an authorized represent

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.)

By: Lynne M. Rader, Authorized Representative
Typed or printed name of signee

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)