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SECRETARY OF STATE
TALLAHASSEF, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Kenon Septic S	Service LLC		
	(Name of Limited Lia	bility Company)	
The enclosed Articles of Organization	a and fee(s) are submi	tted for filing.	
Please return all correspondence cond	erning this matter to	the following:	
Dexter C. Kenon			
	(Name	of Person)	
Kenon Septic Sen	ice LLC		
	(Firm,	(Company)	
252 Briley Court			
	(A	ddress)	
Tallahassee	FL		32305-7436
	(City/State	and Zip Code)	
For further information concerning th	is matter, please call:		
Denise R. Wyche-Kend	on at (850 , 284	-2535
(Name of Person)		(Area Code & Day	time Telephone Number)
Enclosed is a check for the follow	ing amount:		
\$125.00 Filing Fee \$130.00 Certificat	te of Status C	155.00 Filing Fee d Certified Copy additional copy is enclo	Certificate of Status &
P.O. Box 6	n Section f Corporations	Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive Callabassee, FL	on orations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
Kenon Septic Service LLC	
	mited Liability Company, "L.L.C.," or "LLC.")
ADTICLE II Address	
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
375 Jack Scott Road	252 Pallan Canad
· · · · · · · · · · · · · · · · · · ·	252 Briley Court
Quincy, Florida 32352	Tallahassee, Florida 32305-7436
-	
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:

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:

Denise R. Wyche-Kenon
Name

252 Briley Court
Florida street address (P.O. Box NOT acceptable)

Tallahassee
FL 32305-7436

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED
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SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

'''		Name and Add	iress:	
"MGR" = Mar $"MGRM" = M$	nager Ianaging Member			
MGR	WATER TO THE PARTY OF THE PARTY	Dexter C. Kenon		
		252 Briley Court		
		Tallahassee	32305-7436	
MGRM		Denise R. Wyche	-Kenon	
		252 Briley Court		
		Tallahassee	32305-7436	
				
(Use attachme	nt if necessary)			_
(Use attachme	nt if necessary)			
	- ,	ne date of filing:	(OP	TIONAI
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CLE V: Effective ffective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a memily (In accordance with series)	be specific and canno ber or an authorized representation 608,408(3), Florida stitutes an affirmation und	resentative of a member. Statutes, the execution	

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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