L08000030079

(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:		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2008

CONRAD E. KUDZMA 537 SWAIN AVE. MERIDEN, CT 06450

SUBJECT: KUDZMA ENTERPRISES LLC

Ref. Number: W08000011334

2000 MAR 24 P 1: 43
SECRETARY OF STATE
SECRETARY OF STATE

We have received your document for KUDZMA ENTERPRISES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 608A00013443

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Kudzma Enterprises LLC (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:				
Conrad E Kudzma- (Name of Person)				
Kudzma Enterprises LLC (Firm/Company)				
537 Swain Avenuy				
Meriden Ct. 06450 FE F				
(City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)				
Convad E Kudzuner at (203) 284-3857. (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Kudzina Enterprises LLC (Must end with the words "Limited Lilibility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
537 Swan Ave. Meviden, CT 01450 (Same)
ARTICLE III - Registered Agent, Registered Office, & Registered Agent, Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You mus designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Name 10305 S Indian River Du Florida street address (P.O. Box NOT acceptable)
Et Pierce, 1-1a 34982 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 a 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

	The name and address of each Manager or Managing Member is as follows:			
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Conrad E Kudzma	Conrud E Kudzma 537 Swain Ave Meniden, Ct 06450		
m G Rn	1Lois A. Kudzma	Lois A Kudzma 537 Swain Aug Meriden Ct 06450		
	Evic B Kudzma	Eric B Kudzma. 299 HighLund Aug Walling Ford Ct 06492		
MGRM	KYRSTEN L KUDZMA	Kyrsten L Kubzma 63 BEAL RD Southington, CT		
	(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing: (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: 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.)				
	Connad	E. Kudzma or printed name of signee		

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

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)