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(Requestor's Name)
(Address)
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09/09/09--01017--008

M. THOMAS

SEP 1 5 2009

EXAMINER

1.70-LI0588

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kanne Services, 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:
Kim Hopkins Name of Person
Kanoe Services, LLC.
3401 Martinique Lane
Panama City Beach, FL. 32408 FEB 3 7 City/State and Zip Code
Kahaakins a ahail an
H-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Kim Hookins at 850 588-8024 Print Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Filing fee Included with previous filing (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 10, 2009

KIM HOPKINS 3407 MARTINIQUE LANE PANAMA CITY BEACH, FL 32408

SUBJECT: KANOE SERVICES, LLC

Ref. Number: W09000040588

We have received your document for KANOE SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 609A00029959

2009 SEP 14 AM 9: 5

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Kanne Services, (Must end with the words "Limited Liability	LUC. Ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10250 Hutchison Blvd Steß. Panama City Beach, FL. 32407	3407 Martinique Lane Panama City Blach, FL. 32408
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ared Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Shubee, LI	LC.
1 Miracle Strip Loop Florida street address (P.O. Box NOT acceptable)	
Panama City Bea City, State, and	da, FL. 32407

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kim Hopkins 3407 Martinique Ln. Panama City Beach, FL. 32408
MGR	Reed Hopkins 3407 Martinique Ln. Panama City Beach, FL. 32408
	TASE SEP
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be speto or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	tophing ==
(In accordance with section	an authorized representative of a member. 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Filing Fees:	OKINS or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)