

LO9UW110508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

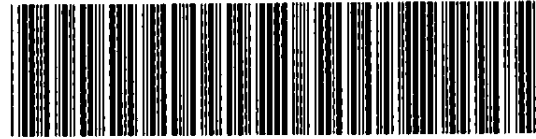
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200162473792

11/18/09--01001--018 **130.00

EFFECTIVE DATE 11/11/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV 17 PM 4:37

B. KOHR

NOV 18 2009

EXAMINER

COVER LETTER

EFFECTIVE DATE 11/11/09

TO: **Registration Section
Division of Corporations**

SUBJECT: Cornelius Kennedy Property, LLC
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 NOV 17 PM 4:37

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Shann Kennedy
Name of Person

Firm/Company

375 College Street
Address

Collierville, TN 38017
City/State and Zip Code

shann@bellsouth.net & tomcornelius@cablelynx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

C. Shann Kennedy at (901) 219-2940
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

EFFECTIVE DATE 11/11/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cornelius Kennedy Property, LLC

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

FILED STATE
SECRETARY OF CORPORATIONS
NOV 17 PM 4:37
09

ARTICLE II - Address:

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

Principal Office Address:

Attn: Pat Cornelius
13599 Perdido Key Drive
Unit # T-20
Pensacola, FL 32507

Mailing Address:

Attn: Shann Kennedy
375 College Street
Collierville, TN 38017

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:

Patricia L. Cornelius
Name

13599 Perdido Key Drive, unit T-2-0
Florida street address (P.O. Box **NOT** acceptable)

Pensacola FL 32507
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..

Patricia L. Cornelius
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Thomas V. Cornelius
13599 Perdido Key Drive, unit T-2 D
Pensacola, FL 32507

MGRM

Patricia L. Cornelius
13599 Perdido Key Drive, unit T-2-D
Pensacola, FL 32507

MGRM

Christi Shann Kennedy
375 College Street
Collierville, TN 38017

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: November 11, 2009. (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:

Christi Shann Kennedy

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.)

Christi Shann Kennedy

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)