Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000075183 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101

Phone : (850) 385-6735

Fax Number : (954)641-4192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. KENDALL CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

S. HAWKES

APR 5: 2010

**EXAMINER** 

Electronic Filing Menu Corporate Filing Menu

Help

	6
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANDO
ARTICLE I - Name:	
The name of the Limited Liability Company is	
KENDALL CENTER, LLC (must end with the words "Limite	ed Liability Company, "L.L.C." or "LLC")
ARTICLE II - Address: The mailing address and street address of the pis:	rincipal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
9715 West Broward Boulevard	9715 West Broward Boulevard
Suite 278	Suite 278
Plantation Florida 33324	Plantation, Florida 33324
an individual or another business entity with an The name and the Florida street address of the range TOMMY KERTESZ  Name	
9715 West Broward Boulevard, S Florida Street address (P.O. Box I	
Plantation, Florida 33324	
City, State and Zip Code	With Art + 10.
Having been named as registered agent and to limited liability company at the place desig appointment as registered agent and agree to act the provisions of all statutes relating to the prope am familiar with and accept obligation of my Chapter 608 F.S.  Registered Agent's Signature (REG	mated in this certificate. I hereby accept the in this capacity. I further agree to comply with er and complete performance of my duties, and I position as registered agent as provided for in
Cont'd. Page 1 of 2	

410000075183

ARTICLE IV - Manager(s) or Managing Member The name and address of each Manager Managing h	
Title; "MGR" = Manager "MGRM"- Managing Member	Name and Address:
MGR	TOMMY KERTESZ  9715 West Broward Blvd., Ste 278  Plantation, FL 33324
,	
ARTICLE V: Effective date, if other than the date (If an effective is listed, the date must be specific prior to or 90 days after the date of filing.)	of filing: (Optional) and cannot be more than five business days
Required Signature:  Signature of a member or an authorized representation	sentative of a member.
(In accordance with section 608.408(3), Florida constitutes an affirmation under penalties of perjury	
Typed or printed name of signec	
TOMMY KERTESZ	