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Special Instructions to Filing Officer:

L. SELLERS

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COVER LETTER

Division of Corp			
subject: Kende	avors, LLC	,	
		ed Liability Company	
		•	
The enclosed Articles of 6	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
Kenneth N	lassar		
*		Name of Person	
	·	Firm/Company	
6203 Shac	low Tree Lane		
		Address	
Lake Worth,	FI 33463		
Lake Worth,		y/State and Zip Code	
ken.nassar@	gmail.com		
		or future annual report notification)	- "
For further information co	oncerning this matter, please	e call:	
Kenneth Nassar		at (561) 716-6168	•
Name of	Person	Aren Code & Daytime Telep	phone Number
Enclosed is a check for	the following amount:	•	,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C	irc le

A	R	T	H	C	LE	I	-	Na	me:
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The name of the Limited Liability Company is:

Kendeavors, LLC

(Must end with the words "Limited Liability 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:

6203 Shadow Tree Lane 6203 Shadow Tree Lane Lake Worth, Florida Lake Worth, Florida

33463 33463

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:

Kenneth Nassar Name

6203 Shadow Tree Lane

Florida street address (P.O. Box NOT acceptable)

Lake Worth FL 33463 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..

(CONTINUED)

Page 1 of 2

<u>Titte:</u> "MGR" = Mana "MGRM" = Ma	्रीं iger inaging Me/aber	Name and Address:
NOD		
MGR		Kenneth Nassar
		6203 Shadow Tree Lane Lake Worth, FL 33463
	•	Earle Worth, 1 E 33400
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LE V: Effective fective date is li days after the c	date, if other than the isted, the date must b late of filing.)	date of filing: February 14, 2011 (OPTION e specific and cannot be more than five business dates and cannot be
(Use attachment LE V: Effective factive date is line days after the case of th	date, if other than the isted, the date must blate of filing.) IGNATURE:	date of filing: February 14, 2011 (OPTION e specific and cannot be more than five business date of a member.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)