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	(Requestor's Name)	
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PICK-UP	WAIT	MAIL
	Business Entity Nam	e)
(	(Document Number)	
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D. BRUCE

AUG 22 2011

**EXAMINER** 

## $_{\mathscr{F}}$ COVER LETTER

TO: Registration of	on Section Corporations		
<sub>SUBJECT:</sub> Kan	du Designs, LLC		
JO 20 1.	<del></del>	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are s	submitted for filing.	
Please return all corn	respondence concerning this matte	er to the following:	
Ginger	Clark, Ph.D.		
		Name of Person	
Kandu	Designs, LLC		
•		Firm/Company	
10707	Del Prado Drive E.		
		Address	
Largo, F			Agr. =
		/State and Zip Code	
gf11.clarl	(@gmail.com		
For further informat	ion concerning this matter, please	or future annual report notification)	E E
Ginger Clark		at (727 729-4046	STATE D
Na	me of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Fil Certified Copy Certificate of Certified Conditional copy is enclosed)  Certified Conditional	of Status &
	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	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Largo

Kandu Designs, LLC  (Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited	l Liability Company is
Principal Office Address:	Mailing Address:	
10707 Del Prado Dr. E. Largo, FL 33774	10707 Del Prado Dr. E. Largo, FL 33774	
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its obusiness entity with an active Florida registration.)		
The name and the Florida street address	of the registered agent are:	المُلَدِّدُ الْمُلَدِّدُ الْمُلْدِينَ الْمُلْكِينَ الْمُلْلِينَ الْمُلْكِينَ الْمُلْكِينَ الْمُلْكِينَ الْمُلْكِينَ الْمُلِينَ الْمُلْكِينَ الْمُلِينَا الْمُلْكِينَ الْمُلْكِينَ الْمُلْكِينَ الْمُلْكِينَا الْمُلِينَا الْمُلْكِينَ الْمُلْكِينَا الْمُلْكِلِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِينَا الْمُلْكِلِيلِينَ الْمُلْكِلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِيلِي
Ginger Clark, Ph	ı.D	11 AUG 19 CORETARY LLAHASSEI
	Name	19 SSI SSI
10707 Del P	rado Dr. E	

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..

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR"	= Manager		Name and Address:		
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:			mber			
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effective date is listed, the date must be specific and cannot be more than five business days 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. I am aware that any false information submitted in a document to the Department of States constitutes a third degree felony as provided for in s.817.155, F.S.)  Ginger Clark  Typed or printed name of signee						•
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