

L 1200000/644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

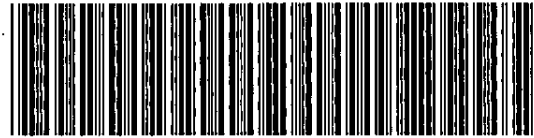
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
CORRECTION TO MGRM PER
CONVERSATION WITH KENNETH
STEPHENS 1-4-2012 KS

Office Use Only



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12/30/11--01021--008 **160.00

FILED
11 DEC 30 PM 3:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 4 2012

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KENSYLEN 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:

KENNETH STEPHENS
(Name of Person)

KENSYLEN LLC
(Firm/Company)

1672 SETTLERS CREEK WAY
(Address)

LAKELAND FLA. 33810
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH STEPHENS at (863) 602-0434
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENSYLEN LLC

ARTICLE II - Address:

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

Principal Office Address:

1672 SETTLERS CREEK WAY

LAKELAND FLA. 33810

Mailing Address:

P.O. BOX 92302

LAKELAND FL 33805

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Kenneth Stephens

Name

1672 Settlers Creek Way

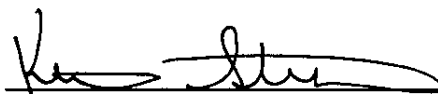
Florida street address (P.O. Box **NOT** acceptable)

Lakeland

FLORIDA 33810

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, Florida Statutes..



Registered Agent's Signature

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:

MGR

ESYLEN STEPHENS
1672 SETTLERS CREEK WAY
LAKELAND FL 33810

MGRM

1672 SETTLERS CREEK WAY
LAKELAND FL 33810
KENNETH STEPHENS

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

KENNETH STEPHENS

Typed or printed name of signee

- Filing Fees:**
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)