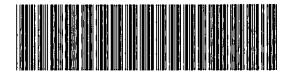
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SECHLANASSEE, FLORID.

B. BOSTICK

JAN 1 0 2012

EXAMINER

COVER LETTER

	Registration Division of (Section Corporations					
SUBJEC	Ken	Craft Enterprises,	LLC				
50200		Name of Limited	Liability Co	mpany	······	•	
The enclo	osed Articles	of Organization and fee(s) are sub	mitted for f	iling.			
Please re	turn all corre	spondence concerning this matter	to the follow	ving:			
<u>k</u>	<u> Kennetl</u>	h P Connelly					
		Na	ame of Person	1			
ŀ	KenCra	ıft Enterprises, LL	.C				
			rm/Company	!			
	1126 C	heetham Hill Blvd	<u>.</u>				
		7	Address				
1 0	oxahatch	ee, FL 33470				IAI Si	12
	ondi iditori	· · · · · · · · · · · · · · · · · · ·	tate and Zip (Code			2 JAH
ke	enstercb	c@juno.com				#: 75:	1
وفند	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be used for t	uture annual	report notification)		100 ·	, — w
For furthe	er information	n concerning this matter, please ca	d1:			— De De	PH
Kenne	eth P. Co	nnelly	, <u>5</u> 61	₎ 329-11	70	ORAD_ OLATE	6:40
	Nam	e of Person		Code & Daytime Te	lephone Number	,	
Enclosed	d is a check	for the following amount:					
6125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified		\$160.00 F Certificate Certified ((additional c	of Statu Copy	ıs &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation on Building Executive Center chassee, FL 32301	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

KenCraft Enterprises, (Must end with the words "Limit	LLC 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 Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
1126 Cheetham Hill Blvd Loxahatchee, FL 33470	1126 Cheetham Hill Blvd. Loxahatchee, FL 33470	
		_
	gistered Office, & Registered Agent's Sigr wn Registered Agent. You must designate an individual or	another \sim
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual of Agent of the registered agent are:	another
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kenneth P. Con	gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual or of the registered agent are:	another 12 JAN - 9 P
(The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kenneth P. Con	gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual of the registered agent are:	another 12 JAN - 9 P

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..

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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Kenneth P. Connelly		
	1126 Cheetham Hill Blvd		
	Loxahatchee, FL 33470		
MGRM	Karen D. Connelly		
	1126 Cheetham Hill Blvd		
	Loxahatchee, FL 33470	<u> </u>	
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(Use attachment if necessary)			

ARTICLE V: Effective date, if other than the date of filing: January 3, 2012

(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:

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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kenneth P. Connelly

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)