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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2012 FEB-6 AM 01:4

C. LEWIS
FEB - 7 2012
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Kendall Brunson 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:
Kendall Brunson Name of Person
Kendall Brunson Firm/Company
1431 Riverplace Blvd., #1101
Jacksonville, FL 32207
Kendall@the Kendall reader. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenda II Brunson at (904) 994 - 9700 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$ \$155.00 Filing Fee & Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$ \$160.00 Filing Fee, Certified Copy \\ \text{(additional copy is enclosed)}\$
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:		
Kendall Bru (Must end with the words "Limited Liabil	nson julic.	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1431 Riverplace Blvd. #1101 Jacksonville, FL 32207	1431 Riverplace Blud., # 1101 Tacksonville, FL 32207	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another	
The name and the Florida street address of the r	registered agent are:	
<u>Charles G.</u> Name	registered agent are: EICHNON, Jr. SECRETARY SSIGNARY TALLAHASSI	-
1	EICHNOYN, Jr. ARETARY OF STATE AT 1650 ARETARY OF STATE AT 2202 ARETARY OF STATE ARETARY OF STAT	
<u>Jackson ville</u> city, sta	FL 32202 8 5	
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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)

FILED

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address: SECRETARY OF TALLAHASSEE.
MGR	Kendall Brunson 1431 Riverplace Blvd.,#1701 Jackson ville, FL 32207
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	ne date of filing: 2/1/2. (OPTIONAL) be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	

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)