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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
Special instructions to	Filling Officer.	



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SECRETARY OF STATE
ASSEE, FLORIDA

Office Use Only

J. BRYAN

FEB 2 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kenai Properties, LLC Name of Limited Liability Company	
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:	
Linda Albrecht	
Name of Person	
TANK TO THE TANK THE	ı.
19100 SE Jupiter Road Road Road Road Road Road Road Road	: П
Address F.G. P	
Address Tupiter, Florida 32458 City/State and Zip Code	_
albrecht 1480 Rol. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Fugene B. Albrecht at (561) 722-4(15 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section 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:
(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:
19100 SE Jupiter Road Topiter, Fl 37458
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:
Cools Albrecht
Name
Gnda Albrecht 19100 SE Jupiter Read
Florida street address (P.O. Box <u>NOT</u> acceptable)
J-piter FL 3345 (City, State, and Zip
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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

Page 1 of 2

"MGRM" = Managing Member MGRM	<u>Title:</u> "MGR" = Manager	Name and Address:
Coptional Copt		r Company
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	M C P Ma	
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MENI	Eusene P. Albreint &
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		19100 SE Jupiter Road 3
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		Jupita, Florida 33458
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGRM	Conda Albertat
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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.) (Inda) . Alb(cch † Typed or printed name of signee	LE V: Effective date, if other the	
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constitutes a third degree felony as provided for in s.817.155, F.S.) Linda J. Albicoh † Typed or printed name of signee	LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days
Typed or printed name of signee	CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmatic	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
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