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COVER LETTER

TO: Registration Section **Division of Corporations** Kent Drive Limited Liability Co. 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: Lydia Valdes Kent Drive Limited Liability Co. Firm/Company 5680 Spanish Oaks Lane Naples, Fl. 34119 City/State and Zip Code lydiavaldes007@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lydia Valdes Name of Person Enclosed is a check for the following amount: ■\$130.00 Filing Fee & □\$125.00 Filing Fee □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:	
Kent Drive L	imited Liability Co.	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC	")
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
Kent Drive Limited Liability Co.	Lydia Valdes	
3608 Kent Drive	5680 Spansh Oaks Lane	**************************************
Naples, Fl. 34114	Naples, Fl. 34119	
The name and the Florida street address	Lydia Valdes Name	-
5680) Spanish Oaks Lane,	
Florida s	street address (P.O. Box NOT accepta	ble)
Naple	s, _{FL} 34119	
**************************************	City, State, and Zip	•
Having been named as registered agent liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and and accept the obligations of my position. Registered Agent	nted in this certificate, I hereby a s capacity. I further agree to con complete performance of my duti	occept the appointment as mply with the provisions of ies, and I am familiar with
· ·	NTINUED	13 JUI SECRE

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	_	Name and Address:
"MGF	R" = Manager RM" = Managing Mem	her
14101	Managing Mon	
Julio V	/alses= Manager	Julio Valdes
		5680 Spanish Oaks Lane,
		Naples, Ft. 34119
Lydia Val	ides≃ Managing Member	Lydia Valdes
		5680 Spanish Oaks Lane,
		Naples, Fl. 34119
-,		
		
`	attachment if necessary Effective date, if othe ve date is listed, the d	r than the date of filing: 6/25/2013 (OPTIONAL) ate must be specific and cannot be more than five business days
(If an effectiv	days after the date of	
(If an effectiv prior to or 90		filing.)
(If an effective prior to or 90) days after the date of <u>UIRED</u> SIGNATURE	c:
(If an effective prior to or 90) days after the date of <u>UIRED</u> SIGNATURE	filing.)
(If an effectiv prior to or 90	Odays after the date of UIRED SIGNATURE Signature of Constitutes an affirmation of the constitutes and affirmation of th	c:

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)