Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000169699 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. ENEDA ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

06:00 6102/10/80

https://efile.sunbiz.org/scripts/efilcovr.exe

EMPIRE CORP

PAGE 01/04

3026333696

850-617-6381

8/1/2013 10:19:36 AM PAGE 1/001 Fax Server



August 1, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMP

SUBJECT: ENEDA ASSOCIATES LLC

REF: W13000043016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6952.

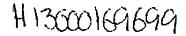
Deidre Butler Regulatory Specialist II FAX Aud. #: H13000169699 Letter Number: 513A00018510

RECEIVED

13 AUG -1 PH 3: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The Name of the Limited Liability Company shall be:

ENEDA ASSOCIATES LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 10948 NW 12TH DR., CORAL SPRINGS, FL 33071

ARTICLE IV

The name of the Managing Member and Manager(S) shall be:

MANAGER
DELIVRINE ALLARD
10948 NW 12TH DRIVE
CORAL SPRINGS, FL 33071

MANAGING MEMBER
ALEN ALLARD
10948 NW 12TH DRIVE
CORAL SPRINGS, FL 33071

ARTICLE V

The name and Florida street address of the registered agent shall be:

DELIVRINE ALLARD 10948 NW 12TH DRIVE CORAL SPRINGS, FL 33071

H130(001(01609)

H13000169699

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

ENEDA ASSOCIATES LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Signature of Registered Agent

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)

DELIVRINE ALLARD

Typed or printed name signee

H 13000119647