

## Florida Department of State

## Division of Corporations

## Electronic Filing Cover Sheet

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## 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
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AUG 01 2013  
D. BUTLER



August 1, 2013

EMPIRE CORPORATE KIT COMP

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsSUBJECT: ENEDA ASSOCIATES LLC  
REF: W13000043016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile 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 IIFAX Aud. #: H13000169699  
Letter Number: S13A00018510RECEIVED  
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TALLAHASSEE, FLORIDA

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**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 12<sup>TH</sup> DR., CORAL SPRINGS, FL 33071

**ARTICLE IV**

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

**MANAGER**

DELIVRINE ALLARD  
10948 NW 12<sup>TH</sup> DRIVE  
CORAL SPRINGS, FL 33071

**MANAGING MEMBER**

ALEN ALLARD  
10948 NW 12<sup>TH</sup> DRIVE  
CORAL SPRINGS, FL 33071

**ARTICLE V**

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

DELIVRINE ALLARD  
10948 NW 12<sup>TH</sup> DRIVE  
CORAL SPRINGS, FL 33071

FILED  
13 AUG - 1 AM 9:42  
CLERK OF DISTRICT COURT  
CORAL SPRINGS, FL 33071

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**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

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