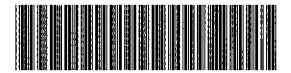
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(Re	equestor's Name)	
(Ad	ldress)	<u>. </u>
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC'	Kent Services L	.LC.				
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please reti	urn all correspondence concerning this	s matter to the following:				
	Kacey Herringto	n				
		Name of Person				
	Kent Services Ll	LC.				
		Firm/Company				
	314 Coral Gable	s Street				
		Address				
	Panama City Be	ach, FL 32407				
	kanaud Oliva ann	City/State and Zip Code				
	kacey1@live.com E-mail address	s: (to be used for future annual report notification)				
For furthe	er information concerning this matter, p	please call:				
Kace	ey Herrington	<u>(479</u> <u>586-5710</u>				
	Name of Person	Arca Code Daytime Telephone Number				
Enclosed	is a check for the following amount: Filing Fee \$\int\\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (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

Kent Services LLC.		
(!	Aust end with the words "	'Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre	ss:	
The mailing address an	d street address of the prin	incipal office of the Limited Liability Company is:
Principal Office Addr	ess:	Mailing Address:
314 Coral Gables Street		314 Coral Gables Street
Panama City Beach, FL 3240		Panama City Beach, FL 32407
<u>-</u>		
The name and the Flori	da street address of the re	egistered agent are:
	Kacey Herrington	
		Name
	314 Coral Gables Street	
	Florida street address (P	P.O. Box NOT acceptable)
	напата Сіту веас	on FL 32407
	City	Cn FL 32407 Zip
		accept service of process for the above stated limited liability compared to go to got in the
the place designate capacity. I further ag	ree to comply with the pro	by accept the appointment as registered agent and agree to act in th ovisions of all statutes relating to the proper and complete performa pt the obligations of my position as registered agent as provided for Chapter 605, F.S.
the place designate capacity. I further ag	ree to comply with the pro um familiar with and accep	ovisions of all statutes relating to the proper and complete performa of the obligations of my position as registered agent as provided for Chapter 605, F.S.
the place designate capacity. I further ag	ree to comply with the pro um familiar with and accep	ovisions of all statutes relating to the proper and complete performa pt the obligations of my position as registered agent as provided for

Title:		Name and Address:		
"AMBR" = Authorized M	lember			
"MGR" = Manager				
MGR		Kacey Herrington		
		314 Coral Gables Street		
		Panama City Beach, FL 32407		
		<u> </u>		
				
(Use attachment if necess LE V: Effective date, if oth fective date is listed, the desortions.)	er than the date of filing	g: (OPTION nd cannot be more than five business days pri	NAL) ior to or 90 (day
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