Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : KATZ & DOORAKIAN LAW FIRM,

Account Number : I20100000035

: (561)721-6719

Fax Number

: (561) 721-6733

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FLORIDA LIMITED LIABILITY CO.

Kendall 8 Acres, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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COVER LETTER

TO:	Registration Section Division of Corporations		
Kads	ECT: <u>Kendall 8 Acres, LLC</u> Name of Li	mited Liability Company	
The en	ctosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this re	natter to the following;	
	Daniel Doorakian	Name of Person	
	Katz & Doorakian Law Firm, P.L.	Firm/Company	
	825 N, Flagler Drive, Sulle 605	Address	
	West Palm Beach, FL 33401	City/State and Zip Code	
<u>.dd</u>	looraklan@katziawpl.com E-mail address: (to be use	d for future annual report notifica	ntion)
For fur	ther information concerning this matter, ple	ase call:	
<u>Danie</u>	Name of Person	561) 7216729 Area Code Daytime Tol	ephoue Number
Enclose	ed is a check for the following amount:		
☑ \$125,0	O Filing Fee \$\text{Cortificate of Status}	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name, The name of the Limi	ted Liability Company is:					
Kendall 8 Acres, LL	.c			野 (7)		
	(Must end with the words 'Lim	ited Liability C	ompany, "L.L.C.," or	"LLC.")	4 JUH	41.00
ARTICLE II - Addr The mailing address a	ess: nd street address of the princip	al office of the	Limited Liability Cor	npany is:		Printer France
Principal Office Add	ress;	Mailing	Address:		Hd	
336 E. Dania Beach	ı Blvd.	336 E.	Dania Beach Blyd.	<u> </u>	***	e e e e e e e e e e e e e e e e e e e
Dania Beach, FL 33			Beach, FL 33004	붕거	٠ د	Ę.,
The name and the Flo	rida street address of the registe	ered agent áre:				
	Daniel Doorakian Na	ıme				
	625 N. Flagler Drive, Suite Florida street address (P.O.	605	ptable)			
	West Palm Beach	FL	33401			
	City		Zip			
the place designate capacity. I further a	as registered agent and to accep ed in this certificate, I hereby ac agree to comply with the provision am familiar with and accept the Ci	cept the appoint ons of all statute	iment as registered as is relating to the prop my position as registe	gent and agree to ac er and complete per	in th <mark>is</mark> Jorman	ce

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	St.
	——————————————————————————————————————
	(n) 2
ective date is listed, the date must be:	te of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be af filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be af filing.)	te of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be af filing.)	te of filing:
EV: Effective date, if other than the date cetive date is listed, the date must be an filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the date cetive date is listed, the date must be af filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a many constitutes an affirmation under that any false info	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. commation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date certive date is listed, the date must be soffiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a magnitude of a magnitude of a magnitude and affirmation under the section of the constitutes an affirmation under the section of the constitutes at third degree felorestitutes at third degree felorestitutes at third degree felorestitutes at third degree felorestitutes.	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. bornation submitted in a document to the Department of State

Page 2 of 2