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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kent's Property Preservation LLC 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:
Darrick Britt Kent Sr. Name of Person
Name of Person
Firm/Company
Firm/Company 7/2 Str Richard Rd. Address Tallahassee Fl. 32210 City/State and Zin Code
Tallahassee Fl. 32310
Tallahassee Fl. 32310 City/State and Zip Code br. + + and stacy & gmail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Darr: UK 13. Hent at (850) 567-1722 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$125.00 Filing Fee \text{ \$\sum \text{Status} \text{ \$\sum \text{Status} \text{ \$\sum \text{Certified Copy}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
712 Sir Richard Rd. Tullahassee Fl.	Sane
Tallahassee Fl.	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	
Darrick B. Ken.	+ sr
7/2 Sir Richard Florida street address (P.O. Box 1	NOT acceptable)
Tallahassee City	FL <u>32-7/0</u> Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SE(Array of SE) TALL APROPRIES
AMBR	Darrick B. Kent Sr. 712 Sir Richard R
AMBR	Tall. F1 32310 Stacy M. Kent 712 Sir Richard Rd. Tall. F1: 32310
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date in effective date is listed, the date must be spate of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Darrick B. Kent
Typed or printed name of signee

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)

REQUIRED SIGNATURE:

ARTICLE IV-