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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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2010 SER 21 AM 9: 20 SECRETARY OF STATE TALLAHASSEE.FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Gene Kerry LLC Name of Lim	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Gene Kerry	Name of Person	
	Name of Person	
Gene Kerry LLC		
	Firm/Company	
4500 N. Federal Hwy, Apt 361	Address	
Lighthouse Point, FL 33064		
C	lity/State and Zip Code	
gene@kerrvsystemsinc.com E-mail address: (to be used	d for future annual report notification)	
For further information concerning this matter, plea	ase call·	
to taction information concerning and matter, pre-		
Gene Kerry at (§		
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Fee ☐\$130.00 Filing Fee &	□\$155.00 Filing Fee & □\$160.00 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status &	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed))
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassec, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGAN	IZATION FOR F	TLORIDA LIMITED LIABILITY	COMPANY	8	· · · · · ·
ARTICLE I - Name: The name of the Limited Liability Compa	any is:			THE CALL OF	28 2 Mg. 20
Gene Kerry LLC					· Pa
(Must end with the	words "Limited	Liability Company, "L.L.C.,"	or "LLC.")		ي آھ
				~~~	
ARTICLE II - Address: The mailing address and street address of	ftha nainainal ai	ffice of the Limited Lighility (	'amnany ia		The second
the maining address and street address of	the principal of	ince of the Limited Liability C	onipany is.		4.7°
Principal Office Address:		Mailing Address:			
4500 N. Federal Hwy, Apt 361 Lighthouse Point, FL 33064		4500 N. Federal Hwy. A Lighthouse Point, FL 33			
The name and the Florida street address o	of the registered	agent are:			
	Name	:			
4500 N. Federa	il Hwy. Apt 361	1			
		NOT acceptable)	•		
Lighthouse Poir	nt	FL 33064			
	City	Zip			
Having been named as registered agent at the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with an Registered	, I hereby accep a the provisions of and accept the obl Chapt	t the appointment as registerea of all statutes relating to the pr	l agent and ag oper and con	gree to act in th uplete performa	his ance
	(CONTINU	ED)			

Page 1 of 2

AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Gene Kerry
	4500 N. Federal Hwy, Apt 361
	Lighthouse Point, FL 33064
<u></u>	
T 1 10	
V: Effective date, if other than the date of	filing: (OPTIONAL)
tive date is listed, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or
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V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a mem  (In accordance with section 605.0 constitutes an affirmation under to I am aware that any false information constitutes a third degree felony as the section of the sec	ber or an authorized representative of a member.  203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, attion submitted in a document to the Department of State

# Gene Kerry LLC 4500 N. Federal Hwy, Apt 361 Lighthouse Point, FL

## **INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Gene Kerry LLC:

Gene Kerry 4500 N. Federal Hwy, Apt 361 Lighthouse Point, FL 33064

Linda Kerry 3582 SW Sawgrass Villas Drive Palm City, Fl 34990

Gene Kerry, Organizer

9 / // / \\
Date / |