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APR 1 2016

S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kendra and Pracy Equipment, 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:
Kendra P. Campbell Name of Person
Firm/Company
1093 AIA Beach Blvd. PMB 383
Address
St. Augustine, FL 32080
St. Augustine, FL 32080 City/State and Zip Code timothy jynn @ bell south. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kendra P. Campbell at (904) 471-9757 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
The name of the Limited Liability Company is: Kendra and Pracy Equipment, LL (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	C. 16 MAR 28 PM 3: 20
Principal Office Address: Mailing	
1732 Old Beach Road 1093 AIA Beach St. Augustine, FL 32080 St. Augustine, FL	Blvd. PMB 383 . 32080
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an individual or
The name and the Florida street address of the registered agent are:	
Kendra P. Campbell Name	_
1813 S. Cappero Drive Florida street address (P.O. Box NOT acceptable)	_

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager AMBR	Kendra Campbell 1093 AIA Beach Bird. PMB 383 St. Augustine, FL 32080
AMBR	Timothy J. Proay 1093 AIA Beach Blvd. PMB 3B3 St. Augustine, FL 32080
AMBR	Timothy A. Pragy 1093 AIA Beach Blvd. PMB 3B3 St. Augustine, FL 32080
AMBR	Jacob Praay 1093 Ald Beach Bld. PMB 383 St. Augustine, FL 32080
(Use attachment if necessary)	J
ne date of filing.)	nust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as
This documer I am aware the constitutes a ti	are of a member or an authorized representative of a member. In this executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State hird degree felony as provided for in s.817.155, F.S. Kendra P. Campbell Typed or printed name of signee
\$125.00 Filing Fee for Arti	Filing Fees: cles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)