

L1500 06 P2F45

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

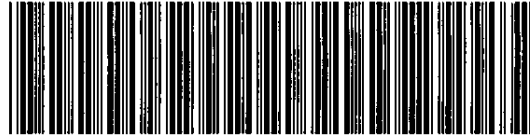
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 29 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2016

J SHIVERS

2544



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2015

W MICHAEL KENNEY
21547 BACCARET LANE #201
ESTERO, FL 33928

SUBJECT: FOXWOOD ENTERPRISES LLC
Ref. Number: W15000028939

We have received your document for FOXWOOD ENTERPRISES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 515A00008373

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOXWOOD Enterprises, 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:

W. Michael Kenney
Name of Person

Firm/Company

21547 Baccarat Lane #201
Address

ESTERO FL 33928
City/State and Zip Code

peggy.8176@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Kenney at 410 375-8822
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 ☐ \$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WK FOXWOOD ENTERPRISES, 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:

W. MICHAEL KENNEY

Name of Person

Firm/Company

21547 BACCARET LANE #201

Address

ESTERO, FLORIDA 33928

City/State and Zip Code

drwmk8176@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kenney

410

591-0822

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

check payable to: Florida Dept of State



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate 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)

Please see
attached
letter

Mailing Address

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

Street Address

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

NOTE: New Check

Is Enclosed.

Please Destroy
OR Return Previous

Check for \$125.00.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WK FOXWOOD ENTERPRISES, LLC

(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:

Principal Office Address:

21547 BACCARET LANE #201
ESTERO, FLORIDA 33928

Mailing Address:

21547 BACCARET LANE #201
ESTERO, FLORIDA 33928

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

W. MICHAEL KENNEY, DDS

Name

21547 BACCARET LANE #201

Florida street address (P.O. Box **NOT** acceptable)

ESTERO

FL

33928

City

State

Zip

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)

(CONTINUED)

FILED
15 APR 28 AM 7:01
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

W. MICHAEL KENNEY

21547 BACCARET LANE #201

ESTERO, FLORIDA 33928

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
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.

W. MICHAEL KENNEY

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)

FILED
16 APR 28 AM 7:01
CLERK OF STATE
TALLAHASSEE, FLORIDA