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### SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 6-14-16
ENTITY NAME:  IKENEKT, LLC
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy
Certified Copy
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**  Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 13500  CHECK NUMBER: 2588  PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President

## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I NAME

The name of the Limited Liability Company is:

IKENEKT, LLC

#### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

255 EVERNIA STREET UNIT 812

WEST PALM BEACH, FLORIDA 33401

#### ARTICLE III REGISTERED AGENT

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

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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.

TRACY\_COTTLEY Registered Agent's signature

#### PAGE 2 IKENEKT, LLC

#### ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
ANTHONY VIVIANI
255 EVERNIA STREET UNIT 812
WEST PALM BEACH, FLORIDA 33401

16 JUNIA AN 8 09
SECRETARY OF STATE
AND AHASSEF, FLORIO

ANTHONY VIVIANI / Authorized Representative's signature

(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.)