

L16000138240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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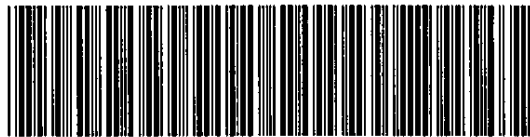
(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION FOR  
THE KENYON GROUP, LLC.**

**ARTICLE I  
NAME**

The name of the Professional Limited Liability company is The Kenyon Group, LLC

**ARTICLE II  
PRINCIPAL OFFICE**

The principal place of business and mailing address is:

Street Address  
2842 SE Pine Valley Street  
Port Saint Lucie, FL 34952

Mailing Address  
2842 SE Pine Valley Street  
Port Saint Lucie, FL 34952

**ARTICLE III  
PURPOSE**

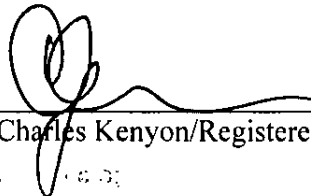
The purpose for the Professional Limited Liability Company is to engage in the general practice of law and to conduct all types of business incident thereto.

**ARTICLE IV  
REGISTERED AGENT**

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

Charles Kenyon  
2842 SE Pine Valley Street  
Port Saint Lucie, FL 34952

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Charles Kenyon/Registered Agent

7-11-2016  
Date

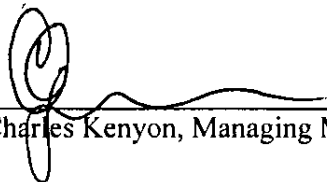
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**ARTICLE V**  
**MANAGERS AND/OR MANAGING MEMBERS**

The name and address of each Manager and/or Managing Members is as follows:

<u>Name</u>	<u>Address</u>
Charles Kenyon, Managing Member	2842 SE Pine Valley Street Port Saint Lucie, FL 34952
Gina Kenyon, Managing Member	2842 SE Pine Valley Street Port Saint Lucie, FL 34952

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.

  
\_\_\_\_\_  
Charles Kenyon, Managing Member

7-11-2016  
Date

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