## L17000009374

(Re	questor's Name)	
(Ad	dress)	
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: KENPAL PROPERTIES, LLC Name of Limited Liability Company
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:
Eugenio Nunez Name of Person
Name of Person
KENPAC Properties, LLC Firm/Company
Firm/Company
9301 SW 41 ST Address
Address
Miami R. 33165  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FUGENIO NUMEZ "(305) 975 8601
EUGENIO NUNEZ at (305) 975 860/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee <b>\$\sqrt{2}\$</b> \$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 Registration Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

' ARTICLES OF OR	IGANIZATION FOR F	LORIDA LIMITED LIABILI	TY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability C	'omnany is		17 JAN 13 PH 3:02
The name of the Ellined Elability C	Ompany is.		13 PH 3: 00
KENPAL	. PROPE	erties Lho	C. TALLAHESSES, FLORIDA
(Must end with	the words "Limited	Liability Company, "L.L.C	2.," or "LLC.")
			·
ARTICLE II - Address: The mailing address and street addre	ess of the principal of	fice of the Limited Liabilit	y Company is:
Principal Office Address:		Mailing Address:	
9701 SW 41 ST		9301 5	W 41 ST
9301 SW 41 ST MIAMI FL 3316	65	9301 S.	2 33/65
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an active Flori	nnot serve as its own		
The name and the Florida street add			
<u> </u>	Name	Nunez	
	Name		<del>_</del>
	1 SW 4		
	eet address (P.O. Box		
MI	ami	FL ' 33/65 Zin	5
	City	Zip	<del></del>
the place designated in this certi capacity. I further agree to comply of my duties, and I am familiar w	ficate, I hereby accept y with the provisions o ith and accept the obl	t the appointment as registe of all statutes relating to the igations of my position as r er 605, F.S	ve stated limited liability company at cred agent and agree to act in this c proper and complete performance registered agent as provided for in
	(CONTINU	FD)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Everned Nonez
	9301 SW 41 ST
	M19 mu 12 33/65
-	
(Use attachment if necessary)	constitue 02/01/17 (OPTIONAL)
CLE V: Effective date, if other than the dat ffective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.)	meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date iffective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a man This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records.  member or an authorized representative of a member.  meted in accordance with section 605.0203 (1) (b), Florida Statutes. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.)  If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a man This document is exect I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not to of State's records.  member or an authorized representative of a member.  meter of a member of a member of a member.  meter of a member of a member of a member.  meter of a member of a member of a member.  meter of a member of a member of a member.  meter of a member of a member of a member.  meter of a member of a member of a member of a member.  meter of a member of a memb

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