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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Kenneth and Annie Holmes 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:
Kenneth Holmes SR
Kenneth and Agre Holmes LLC
1160 SW 27th Avenue
Ft. Landerdule Fl 33312 City/State and Zip Code MSann 2920 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S155.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee. Certificate of Status Status Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahussee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Kenneth	and Annie Ho	lines LLC	
(Must contain th	e words "Limited Liability	Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: The mailing address and street address	s of the principal office of	the Limited Liability Compa	iny is:
<u>Principal Of</u>	fice Address:	<u>Maili</u>	ng Address:
1160 SW 2	1th Avenue Le Fl. 33312	1166 SW 2	im Avenue Auto Pl. 33312
ARTICLE III - Registered Agent, F (The Limited Liability Company cann another business entity with an active	ot serve as its own Registe	stered Agent's Signature: gred Agent. You must design	ate an individual or
The name and the Florida street addre	ss of the registered agent a Holm		
	1160 SU 27m 1	Juenue	<u></u>
12	lorida street address (P.O. F-t. Lenderdulz		
	City S	state Zip	
liaving been named as registered agent place designated in this certificate, I he, further agree to comply with the provis, am familiar with and accept the obligat	rehy accept the appointmentions of all statutes relating to	n as registered agent and agr to the proper and complete po	ree to act in this capacity. I erformance of my duties, and I in Chapter 605, F.S
	(CO)	NTINUED)	
			اً مر

Title:		Name and Address:
"AMBR" = A "MGR" = M:	authorized Member inager M G	Kenneth L Holmes SR 1160 Si 27th Augure Ft. Louderdale Gl. 33312
MGR	<u>. </u>	Annie M. Holmes 1160 SU 27 th Aven ve THE Lorder State F1. 33312
(Use attachir	ent if necessary)	
CLE V: Effective date is e of filing.) If the date inse	ve date, if other than the listed, the date must rted in this block does	e date of filing:
CLE V: Effective date is the of filing.) If the date insecument's effect	ve date, if other than the listed, the date must rted in this block does	be specific and cannot be more than live business days prior to or 90 days
CLE V: Effective date is te of filing.) If the date insecument's effect	ve date, if other than the listed, the date must rted in this block does ive date on the Depart	not meet the applicable statutory filing requirements, this date will not be list
TLE V: Effective date is e of filing.) If the date insecument's effect	ve date, if other than the listed, the date must rted in this block does ive date on the Depart	not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date is the of filing.) If the date insecument's effect	ve date, if other than the listed, the date must red in this block does ive date on the Depart provisions, if any. 2 SIGNATURE: Signature of This document is I am aware that an	not meet the applicable statutory filing requirements, this date will not be list

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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