L19000257979

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	iling Officer:	

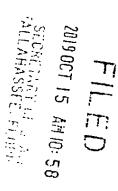
Office Use Only

N. SAMS OCT 28 2019



600335127106

10 (0.019-40)344-43.6 (**125.00



COVER LETTER

3

	lew Filing Section Division of Corporations	£	•
SUBJECT	Kennedy Landscaping, LLC		
SUBJECT	Name of	Limited Liability Company	
The enclos	sed Articles of Organization and fee(s	;) are submitted for filing.	
Please retu	irn all correspondence concerning this	s matter to the following:	
	Sharon McGee Hale, EA		
		Name of Person	
	Hale, McGee & Associates, LLC		
		Firm/Company	
	883 West Granada Blvd		
		Address	
	Ormond Beach, FL 32174		
	danielkennedy23@gmail.com	City/State and Zip Code ≥ c	- 20 ₁
		ised for future annual report notification)	<u> 190</u>
For further i	nformation concerning this matter, pl		211 JOCT 15
	Sharon McGee Hale, EA	386 672-6742 The	15 AHO:
	Name of Person	Area Code Daytime Telephone Number	10: 58
Enclosed i	s a check for the following amount:		w
\$125.00 F	iling Fee S130.00 Filing Fee & Certificate of Status		us &
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability	Company is:				
Kennedy Landscaping	g, LLC				
(Must conta	in the words "Limited	Liability Company	, "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street ad-	dress of the principal o	ffice of the Limite	d Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:		
317 Fir Street			7 Fir Street		
Ormond Beach, FL 32	2174	<u>Or</u>	nond Beach, FL 32174		
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street ac	cannot serve as its own ctive Florida registration	Registered Agent on.)	ent's Signature: . You must designate an individual or	2019 DCT 15	T
	Sharon McGee Hale	, EA	<i>ن</i> •••	, .	M
		Name		計 6	O
	883 West Granada B	lvd		 بن	
	Florida street addres	s (P.O. Box <u>NOT</u>	acceptable)	ස	
	Ormond Beach	FL	32174		
	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 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Desired M. Connection
MGR	Daniel M. Kennedy 317 Fir Street
	Ormond Beach, FL 32174
	Offiloid Beach, FE 32174
	
(Use attachment if necessary)	
LEV: Effective date, if other than the date of f	filing: Jan 1, 2020 (OPTIONAL)
of filing.) If the date inserted in this block does not meet	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be liste
of filing.)	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be liste
e of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be liste
of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be liste
e of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S	ic and cannot be more than five business days prior to or 90 days at t the applicable statutory filing requirements, this date will not be liste
e of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be liste State's records.
e of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb	ic and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be liste state's records.
r of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a memb This document is executed.	the applicable statutory filing requirements, this date will not be liste state's records. Deer or an authorized representative of a member. in accordance with section 605,0203 (1) (b). Florida Statutes.
r of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb This document is executed if am aware that any false inf	the applicable statutory filing requirements, this date will not be liste state's records. Deriver or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State
r of filing.) If the date inserted in this block does not meet ument's effective date on the Department of S LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a memb This document is executed if am aware that any false inf	the applicable statutory filing requirements, this date will not be liste state's records. Deer or an authorized representative of a member. in accordance with section 605,0203 (1) (b). Florida Statutes.
REOURED SIGNATURE: Signature of a memb This document is executed if am aware that any false inf constitutes a third degree fel	the applicable statutory filing requirements, this date will not be liste state's records. Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State
REOURED SIGNATURE: Signature of a memb This document is executed if am aware that any false inf constitutes a third degree fel	the applicable statutory filing requirements, this date will not be liste state's records. Deer or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State Company as provided for in \$.813.155 F.S.
REOURED SIGNATURE: Signature of a memb This document is executed if am aware that any false inf constitutes a third degree fel	the applicable statutory filing requirements, this date will not be liste state's records. Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State
REOURED SIGNATURE: Signature of a memb This document is executed if am aware that any false inf constitutes a third degree fel	the applicable statutory filing requirements, this date will not be liste state's records. Deer or an authorized representative of a member, in accordance with section 605,0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State of Stat
REOURED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel Daniel M. Kennedy T S125.00 Filing Fee for Articles of Organ	the applicable statutory filing requirements, this date will not be liste state's records. Deer or an authorized representative of a member, in accordance with section 605,0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State of Stat
REOURED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel Daniel M. Kennedy T S125.00 Filing Fee for Articles of Organ S 30.00 Certified Copy (Optional)	the applicable statutory filing requirements, this date will not be liste state's records. Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in 5.813 155 F.S. Typed or printed name of signee Filing Fees: inization and Designation of Registered Agent
REOURED SIGNATURE: Signature of a memb This document is executed I am aware that any false inf constitutes a third degree fel Daniel M. Kennedy T S125.00 Filing Fee for Articles of Organ	the applicable statutory filing requirements, this date will not be liste state's records. Der or an authorized representative of a member, in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in 5.813 155 F.S. Typed or printed name of signee Filing Fees: inization and Designation of Registered Agent