

L21000106800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

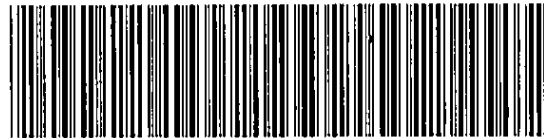
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 15 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FL



15 PM 12:27

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/15/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 898644

ORDER ENTITY
KENNY & KOHLS MGMT, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

KENNY & KOHLS MGMT, LLC (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$155.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 MAR 15 AM 8:31

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENNY & KOHLS MGMT, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

1454 STATE RT 9

LAKE GEORGE, NY 12845

Mailing Address:

1454 STATE RT 9

LAKE GEORGE, NY 12845

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

INCORPORATING SERVICES, LTD.

Name

1540 GLENWAY DRIVE

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE

FL

32301

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 605, F.S..

Melissa A. Moreau
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

"MGR" = Manager

DAVID J. KENNY
170 LAKE PARKWAY
LAKE GEORGE, NY 12845

LAURA A. KOHLS
116 WILDWOOD PLACE
QUEENSBURY, NY 12804

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Lawrence A. Kirsch

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)