LZ1000162011

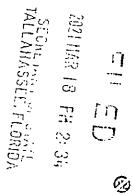
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(01,7,0,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,7,1,010,0,1,1,010,0,1,1,010,0,1010,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
3

Office Use Only



100361780271

08/18/21--01021--029 **160.00



T. EURCH APR 1 6 2021

COVER LETTER

TO: **New Filing Section Division of Corporations**

DJK CONSULTING OF POINTE VEDRA LLL
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:

DONALD J. KENDRICK
Name of Person
DJK CONSULTING OF POINTE VEDRALLO
Firm/Company
130 CHELLO COURT UNIT 201 Address
PONTE VEDRA BEACH FL. 32082
City/State and Zip Code
DKENDRICK 3 Q CONNEST. NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dayld T Kewdrick at (304) 620-2961

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3

The name of the Limited Liability Company is:

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

ARTICLE II - Add

rin	cipal Office Address:	Mailing Add	<u>lress</u> :
130 Cue PONTE FL:	ello Court UNIT 201 VEDRA BEACH 32082	UEIRTON	1 DR. WV26062
(The Limited Liability Comp	Agent, Registered Office, & Registered any cannot serve as its own Registered Agan active Florida registration.)		ndividual or
The name and the Florida str	eet address of the registered agent are:		
	Chris Smith - Souther	n Breeze Outdoor	Furnishings LLC
			j
	1/28 Carmona Place		
	Florida street address (P.O. Box No.		
	St. Augustine FL City State	32092	
	City State	Zip	
lace designated in this certific in ther agree to comply with th	red agent and to accept service of process f rate. I hereby accept the appointment as reg e provisions of all statutes relating to the p e obligations of my position as registered to	gistered agent and agree to ac refer and complete performa	t in this capacity. I nce of my duties, and l
	// m (71)		
	Registered Agent's S	ignature (REQUIRED)	

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager 	DONALD J. KENDRICK 130 CHTGO COUPT UNIT 201 PONTE VEORA BEACH FL 32042
<u> AMBR</u>	KATHAYN S. KENDRICK 130 CYCHO COUNT UNIT 201 PONTE VEORA BEACH FL 32082
	LA BEE.
(Use attachment if necessary)	TIPE CORIDA
he date of filing.)	the of filing:O/
ARTICLE VI: Other provisions, if any.	
This document is exec I am aware that any fal	neproter or an authorized representative of a member. The din 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.
_OONAL	T, KENDRICK Typed or printed name of signee

Filing Fees:

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

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)