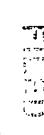
Office Use Only



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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: YEAR STRATEGIES 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:
Angela Yeane Name of Person
reane Strategies UC Firm/Company
347 Barbara Cir.
Belleair, FL 33756 City/State and Zip Code acc 2045 egmail com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status  Certificate of Status
Mailing AddressStreet Address37New Filing SectionNew Filing Section Division40Division of CorporationsThe Centre of Tallahassee47P.O. Box 63272415 N. Monroe Street, Suite 81047Tallahassee, Fl. 32314Tallahassee, Fl. 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Kenne Strategies LLC (Must contain the words "Limited Liability Co	
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
73. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Vailing Addrage:

Truttpar Conte Address.			
397 Burbara Cir.	347 Barbara Cir.		
Collegie Fl.	Bellegir - FL		
35.156	33756		

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:

ARTICLE I - Name:

Mane

Name

347 Barbara Cir.

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

Belledir FL 33756

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 OCT 20 MH 3: 59

ARTICLE IV-

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

"AMBR" = Authorized Member			
"MGR" = Manager			
Mar	Angela teane		
<del></del>	Day Barbara Cir.		_
	·		_
Mar	JOHN J. FRUNE  347 Barnara Lir.  Belledir, FL 33754		_
	Belledic FL 33154		_
	,		_
			_
			-
·-·			_
			<u> </u>
(Use attachment if necessary)			
-	of filing: (OPTIO		
LE VI: Other provisions, if any.			
REOUIRED SIGNATURE:			
	Pam v)		
Signature of a mer	nber or an authorized representative of a member		
Signature of a mer	mber or an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florid	la Statutes.	
Signature of a mer This document is execute I am aware that any false	nber or an authorized representative of a member	la Statutes.	
Signature of a mer This document is execute I am aware that any false	wher or an authorized representative of a member ed in accordance with section 605.0203 (1) (b). Florid information submitted in a document to the Department felony as provided for in s.817.155, F.S.	la Statutes.	
Signature of a mer This document is execute I am aware that any false	nber or an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florid information submitted in a document to the Department	la Statutes.	
Signature of a mer This document is execute I am aware that any false constitutes a third degree	nber or an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florid information submitted in a document to the Department felony as provided for in s.817.155, F.S.  Yeare  Typed or printed name of signee  Filing Fees:	la Statutes.	•
Signature of a mer This document is execute I am aware that any false constitutes a third degree ADGELC  \$125.00 Filing Fee for Articles of Org	mber or an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florid information submitted in a document to the Department felony as provided for in s.817.155, F.S.  FRANK  Typed or printed name of signee	fa Statutes. ent of State	2021
Signature of a mer This document is execute I am aware that any false constitutes a third degree Angel C  \$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	nber or an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florid information submitted in a document to the Department felony as provided for in s.817.155. F.S.  Yeare  Typed or printed name of signee  Filing Fees; anization and Designation of Registered Agent	fa Statutes. ent of State	Z021 CCT
Signature of a mer This document is execute I am aware that any false constitutes a third degree ADGELC  \$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	nber or an authorized representative of a member of in accordance with section 605.0203 (1) (b). Florid information submitted in a document to the Department felony as provided for in s.817.155. F.S.  Yeare  Typed or printed name of signee  Filing Fees; anization and Designation of Registered Agent	fa Statutes. ent of State	2021

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