

L23000489648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W 23000147441

Office Use Only



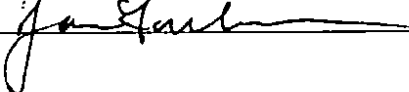
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S. CHATHAM  
OCT 30 2023

RECEIVED  
2023 OCT 27 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account: 120210000160: \_\_\$125.00\_\_

Authorization Signature:   
Kendall Walls LLC

Business \_\_\_\_\_ Document # \_\_\_\_\_

\_\_\_ Walk in \_\_\_\_\_ Will wait

\_\_\_ Certified Copy of the Articles of Incorporation

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
X Limited Liability  
\_\_\_ Domestication  
\_\_\_ INC  
  
\_\_\_ OTHER - Corp

**AMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Conversion  
  
\_\_\_ Merger

**OTHER FILINGS**

\_\_\_ Annual Report  
  
\_\_\_ Fictitious Name  
  
\_\_\_ Statement of Authority  
  
\_\_\_ APOSTIL

COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ CORRECTION for a Foreign LLC  
  
\_\_\_ Domestication of a Foreign Corp.  
  
\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: KENDALL WALLS LLC  
Ref. Number: W23000147441

We have received your document for KENDALL WALLS LLC. However, the document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 623A00025082

RECEIVED  
2023 OCT 30 AM 8:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: KENDALL WALLS 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:

\_\_\_\_\_  
Annette Lopez, Esq.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Law Offices of Annette Lopez, P.A.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
100 Almeria Avenue, Suite 204

\_\_\_\_\_  
Address

\_\_\_\_\_  
Coral Gables, FL 33134

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Annette Lopez, Esq.

\_\_\_\_\_  
305

\_\_\_\_\_  
517-3151

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENDALL WALLS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Omar Abdulhay Bou Hamdan

2100 SW 152 Place

2100 SW 152 Place  
Miami, FL 33185

Miami, FL 33185

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:

Annette Lopez, Esq.

Name

100 Almeria Avenue, Suite 204

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

Coral Gables

FL

33134

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)

2006-11-30 PM 4:42

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

OMAR ABDULHAY BOU HAMDAN

2100 SW 152 Place

Miami, FL 33185

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: OCT. 26, 2023 (OPTIONAL)

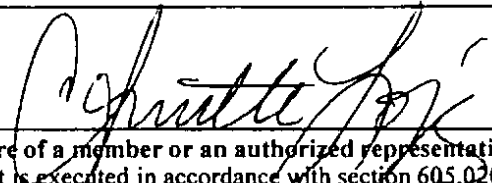
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
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.

Annette Lopez, Esq.

\_\_\_\_\_  
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)