Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6381			FLORIDA	AM 8: 38	Ċ
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FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS

March 6, 2024

SUBJECT: KENCO LLC REF: W24000037282

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan FAX Aud. #: H24000087197 Regulatory Specialist III Letter Number: 524A00004946 To:

FILED

AM 8: 39

ARTICLES OF ORGANIZATION FOR FLOR	IDALIMITEDLIABILITY COMPANY 2024 MAR - 7
ARTICLE 1 - Name: The name of the Limited Liability Company is:	TALLAHASSEE
KENHCO LLC	-
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LEC."}
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liab:lity Company is:
Principal Office Address:	Mailing Address:
11417 W 34 TH CT HIALEAH FL 33018	SAME
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	dstered Agent's Signature: lered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:
COMPANIES COMPANIES AND A COMP	*****

KEN HENDRY COLINA VIVAS Name 11417 W 34 TH CT Florida street address (P.O. Box NOT acceptable) 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 parformance 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.,

(CONTINUED)

Τo.

<u>Tide:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	KEN HENDRY COLINA VIVAS 11417 W 24 TH CT HIALEAN FL 33018		
MGR .	MARIA BETANIA LABRADOR URDANET 11417 W 34 TH CT HIALEAH FL 33018	Λ	
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