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Florida Department of State

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H240003012233ABCR

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: philllombardo@gmail.com

FLORIDA LIMITED LIABILITY CO.

Kenova Holdings Group LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FL

24 SEP -4 PM 10:36

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STATE
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ARTICLES OF ORGANIZATION
FOR
KENOVA HOLDINGS GROUP LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Kenova Holdings Group LLC (the “**Company**”).

ARTICLE II.
Address

The principal office and mailing address of the Company is:

9300 Equus Circle
Boynton Beach, Florida 33472

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Phillip Lombardo
9300 Equus Circle
Boynton Beach, FL 33472

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.



Phillip Lombardo (sign)

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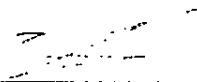
ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Phillip Lombardo 9300 Equus Circle Boynton Beach, Florida 33472
<u>MGR</u>	Moshe Herzig 9300 Equus Circle Boynton Beach, Florida 33472

ARTICLE V.

The Effective date shall be the date of filing.


_____ (sign)

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.

Moshe Herzig
Authorized Representative/Member

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DEPT. OF STATE
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