9000002934

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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3119
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U2/28/13--U1024--023 **125.00



March 16, 2019

KLITZMAN LAW GROUP, PLLC 1301 INTERNATIONAL PARKWAY, SUITE 120 SUNRISE, FL 33323

SUBJECT: KENAKE ENTERPRISES, LLC

Ref. Number: W19000025613

We have received your document for KENAKE ENTERPRISES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 719A00005257

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:

Registration Section

	Name	of Limited Liability (Company
e enclosed istence, an	"Application by Foreign Limited Liability Cod check are submitted to register the above re	ompany for Authoriza eferenced foreign limi	ation to Transact Business in Florida," Certificat ted liability company to transact business in Flo
ase return	all correspondence concerning this matter to	the following:	
	Lawrence S. Klitzman, Esquire		
		Name of Person	
	Klitzman Law Group, PLLC		
		Firm/Company	
	1301 International Parkway, Suite 120		
		Address	
	Sunrise, Florida 33323		
	Cit	y/State and Zip Code	16
	1.SK@Kfitzlaw.com		
	E-mail address: (to be		report notification)
further in	formation concerning this matter, please call:		
Law	rence S. Klitzman	954 at (384 - 4421 .) _
	Name of Contact Person	Area Code	Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Encl Plea	osed is a check for the following amount: se make check payable to: FLORIDA DEPA S125,00 Filing Fee S130,00 Filing Fe Certificate of	ee & 🔲 \$155.00	Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate na	me must include "Linuted Liability	y Company," "L.L.	2." or "L1	.C.
Wyoming		3. 2	6-1835352			
(Jurisdiction under the law of w	hich foteign limited liability company is organized)) (FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determine	registration.) ne penalty liability?				
_10 Compass Lane	Principal Office)	6. 10 C	ompass Lane			
(Street Address of I	Principal Office)		(Mailing Address)		-
Fort Lauderdale, F	lorida 33308	Fort 1	.auderdale, Florida i	33308		
				4:	2019	_
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	ALI AHASSEE	2019 MAR 19	- :
Name:	Klitzman Law Group, PELC	_			PM 6: 2	
Office Address:	1301 International Parkway, Suite 120				29	
	Sunrise		33323 , Florida			
(City)		 _	(Zip code)			

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: ■Manager Member Authorized	Name: Name and Address: Name: Kendall Lisa Hanft-Knezevich Address: 10 Compass Lane Fort Lauderdale, Florida 33308	Title or Capacity: Manager Member Authorized	Name and Address: Name: John W. Knezevich Address: 10 Compass Lane Fort Lauderdale, Florida 33308
Person Other	Other	Person Other	Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized ☐ Person ☐ Other	Name:
☐Manager ☐Member ☐Authorized Person ☐Other	Name:	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: 2019 HAR 19 HAR 19 PH 6: 29

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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 8.817.155, F.S.

John W. Knezevich

Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Kenake Enterprises, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **January 11**, **2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000548863**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of March, 2019 at 8:10 AM. This certificate is assigned 030303624.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

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