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(Address)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KBC LAND HOLDINGS, LLC

Signature _____

Requested by: BA

1/08/21

Name _____

Date _____

Time _____

Walk-In _____

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____ Art of Inc. File _____
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✓ ____ L.C. File _____
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____ Art. of Amend. File _____
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✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
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____ Driving Record _____
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____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KBC Land Holdings, 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:

Stephen J. Cerven _____
Name of Person

Firm/Company

35100 State Road 64 E _____
Address

Myakka City, FL 34251 _____
City/State and Zip Code

scerven@falknergroup.com _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen J. Cerven at (941) 322-2016
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

KBC Land Holdings, 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:

35100 State Road 64 E

Myakka City, FL 34251

Mailing Address:

35100 State Road 64 E

Myakka City, FL 34251

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:

Stephen J. Cerven

Name

35100 State Road 64 E

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

Myakka City

FL

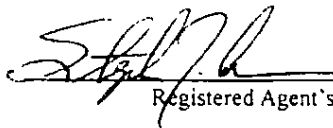
34251

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 JAN 11 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

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

John Falkner
35100 State Road 64 E
Myakka City, FL 34251

(Use attachment if necessary)

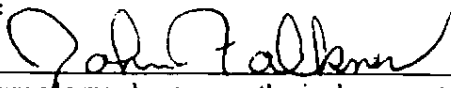
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

John Falkner

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)

2021 JAN 11 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.ex>**L21000015576310259**
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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) 617-6331

From: Account Name : CLARA GERALDO ENROLLED AGENT
Account Number : T1999000001
Phone : (305) 465-9300
Fax Number : (305) 465-109F

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
FENTY EXPRESS, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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2021 JAN 12 AM 9:46

2021 JAN 12 PM 4:58

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

FENTY EXPRESS, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

FENTY EXPRESS, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**12343 NW 7TH ST
MIAMI, FL. 33182**

The mailing address shall be:

**12343 NW 7TH ST
MIAMI, FL. 33182**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

MARVIN FREDDY FENTY LEONARD

12343 NW 7TH ST
Florida Street address (P.O.BOX **NOT** acceptable)
MIAMI, FL. 33182
City, State, and Zip

2021 JAN 12 PM 9:46

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARVIN FREDDY FENTY LEONARD
12343 NW 7TH ST
MIAMI, FL. 33182

AMBR



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARVIN FREDDY FENTY LEONARD

Typed or printed name of signee

2021 JAN 12 AM 9:15

CLARA GIRALDO E.A.DATE (FECHA) 01/12/2021NAME OF CORPORATION: Fenty Express LLC.
(NOMBRE DE LA CORPORACION)ADDRESS(DIRECCION): 12343 NW 7th StCITY: Miami STATE: Florida ZIP CODE: 33182BUSINESS ACTIVITY (OBJETO SOCIAL): Transportar cargasCOMO SUPO DE NUESTROS SERVICIOS? Por un referidoPRESIDENT: Marvin Freddy Fenty LeonardADDRESS: 12343 NW 7th stCITY: Miami STATE: Florida ZIP CODE: 33182SOCIAL SECURITY NUMBER: 340-41-0463TELEPHONE: 305-343-0012

VICEPRESIDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE: _____

SECRETARY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

TREASURER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

APLICA PARA SALES TAX ☒ SI ☐ NOEMAIL: Marvinfreddyusa@gmail.com

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2021 JAN 12 AM 9:46