

# Florida Department of State

Division of Corporations  
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**L250000032163**

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H250000032163ABCT

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**To:**

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

**From:**

Account Name : JAMES A. SCHMIDT, P.A.  
Account Number : I20120000088  
Phone : (813)250-3700  
Fax Number : (813)250-3701

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

Email Address: jas@schmidtlawoffice.com

## FLORIDA LIMITED LIABILITY CO. KENCO PRODUCTS LLC

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**ARTICLES OF ORGANIZATION  
OF  
KENCO PRODUCTS LLC**

1. Name. The name of this limited liability company is **KENCO PRODUCTS LLC**, a Florida limited liability company (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida.

2. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

3. Purpose. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of the State of Florida.

4. Place of Principal Office. The mailing and street address of the Company's principal office is 100 Oakmont Lane #410, Belleair, Florida 33756.

5. Registered Agent and Office. The name of the initial registered agent of the Company is James A. Schmidt, P.A. The street address of the initial registered agent of the Company is 2904 W. Bay to Bay Blvd., Tampa, Florida 33629.

6. Management of the Company. The Company shall be managed by one or more managers and is, therefore, a manager-managed company. The initial Manager(s) of the Company shall be:

Kelly Hart  
100 Oakmont Lane #410  
Belleair, FL 33756

Janna Hart  
100 Oakmont Lane #410  
Belleair, FL 33756

The undersigned executed these Articles of Organization on the 3<sup>rd</sup> day of January, 2025.

In accordance with Section 605, *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



James A. Schmidt  
Authorized Representative

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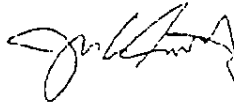
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### ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

James A. Schmidt, P.A., a Florida corporation



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By: James A. Schmidt  
Its: President

Dated: January 3, 2025

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**FAX COVER SHEET****TO****COMPANY****FAX NUMBER** 18506176381**FROM** Debbie Fricke**DATE** 2025-01-06 16:21:13 GMT**RE** Corso Nil, LLC**COVER MESSAGE**

Please file the attached with your office.

Thank you.

M. Deborah Fricke  
Florida Registered Paralegal  
Winderweeddle, Haines, Ward & Woodman, P.A.  
329 Park Avenue North, Second Floor  
Winter Park, FL 32789  
Phone: (407) 423-4246 | Direct: (407) 246-8678  
Email: [dfricke@whww.com](mailto:dfricke@whww.com) | [www.whww.com](http://www.whww.com)

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