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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	. WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/28/12--01010--021 **350.00

13 JAN 16 PM U: 18 SECRETARY OF STATE ALLAMASSEE FE CRID

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L Burch JAN 1 6 7013

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT:	KDS TRUST					
Enclosed is an	original and one (1) copy of the Dec	claration of Trust and a check for:				
FEES:	ation of Trust	\$350.00				
Deciar	ation of Trust	\$3.5 0.00				
OPTIONAL:						
Certific	ed Copy	\$ 8.75				
FROM	: KEVIN D. SOMERVILLE					
Name (Printed or typed)						
P. O. BOX 951525						
Address						
	LAKE MARY, FL 32795					
	City, State & Z	Zip				
	398-804-0249					
	Daytime Telephone	number				



ARCEIVED

13 JAN 16 AM 10: 16

AND LAKE LONG

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 31, 2012

KEVIN D. SOMERVILLE P.O. BOX 951525 LAKE MARY, FL 32795

SUBJECT: KDS TRUST

Ref. Number: W12000063849

We have received your document for KDS TRUST and your check(s) totaling \$350.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of 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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 112A00030592

The second secon

AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE

	TO	FILE OR QUAI	LIFY	3 JAH ECRET
	DECLARATI	ON OF TRUST FO	R THE KDS TRUST	ELASS
	A FLORIDA	Α	TRUST	TOR SE
Co	accordance with Section 60 mmon Law Declarations o ard of Trustees of KDS Te	f Trust, the under RUST	signed, the Chairma	ng to = =
FL	ORIDATn	Name of) st hereby affirms	Trust) in order to file or qu	ualify
K	(State) OS TRUST (Name of Trus		, in the State of	•
1.	Two or more persons are i	•	t.	
2.	The principal address is _2	2575 CAMELA RO	AD, DELAND, FL 327	24
3.	The registered agent and s KEVIN D. SOMERVILL 115 W. WILBUR AVE.	E		
4.	Acceptance by the register agent to accept service of at the place designated in registered agent and agree	process for the ab this affidavit, I he to act in this cap	ove named Declarat reby accept the appositive.	ion of Trus
	(Si	gnature of Registered	Agent)	
5.	I certify that the attached in Trust under which the assertionida.	ociation proposes		
	NOTARY	Name:	Board of Trustees	

Filing Fee: \$350.00 Certified Copy: \$8.75 (optional)

CR2E063(3/00)

DECLARATION OF TRUS FOR THE KDS TRUST

THIS DECLARATION OF TRUST IS EXECUTED B

KEVIN D. SOMERVIL

🗓 day of 🚶 JOVOM ber2012, a Contract is hereby entered into whereby the Trustee above named, may be hereafter known as:

> **KDS TRUST** 2575 CAMÉLA ROAD **DELAND, FL 32724**

And under said name may execute and make contracts of all kinds of instruments, setupand maintain bank accounts, and buy, hold and sell any personal property or real estate in conducting business in accordance to the powers set forth herein and not otherwise.

AFFAIRS OF THE TRUST

THE AFFAIRS OF THE TRUST SHALL BE TO DO ANYTHING THAT IS ALLOWED UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THE AFFAIRS THAT THE TRUSTEES ARE PRESENTLY ENGAGED IS PRIMARY ESTATE PLANNING FOR THE BENEFIT OF THE BENEFICIARIES NAMED HEREIN OR WHO MAY BE NAMED HEREAFTER.

BENEFICIARIES

1. Drake Somerville

TRUSTEES

- 1. Kevin D. Somerville (Trustor)
- Mark R. Gillotti

Dated: 11/29 /2012

Signed: /xe-

P. O. Box 951525

Lake Mary, FL 32795-1525

Dated: 18/29/2012

Signed:

Mark R Gillotti (Trustee)

P. O. Box 951525

Lake Mary, FL 32795-1525

Instrument# 2012-217654 # 2 Book: 6788 Page: 2034... Diane M. Matousek

Volusia County, Clerk of Court

FOR THE KDS TRUST

State of Florida		
County of Seminor		1 -
On the 20th day of November	20 2 personally appeared Kevin Somerville	who 🔧
presented identification Florida Dri executed the foregoing instrument, and acknowled	C1.3.5 b-1CC1. lesco carracter. , and who	

NOTARY PUBLIC-STATE OF FLORIDA nnon Lockhart mission # EE077239 Expires: MAR. 24, 2015
BONDED THRU ATLANTIC BONDING CO., INC.

State of __ County of

ICM ber 2012 personally appeared Mark Gillotti who Drivers License presented identification ____Florida executed the foregoing instrument, and acknowledged the same to be of free act and deed, before me

NOTARY PUBLIC-STATE OF FLORIDA Shannon Lockhart Commission # EE077239 Expires: MAR. 24, 2015 Expires: MAR. 24, 2015
BONDED THRU ATLANTIC BONDING CO., INC.

Notary Public

Notary Public