

L010000016314

Please process my application for
LLC for Kincaid Associates LLC

I can be contacted at:

300004578289--4
-09/10/01--01096--006
***125.00 ***125.00

RUSSELL J LITTLE
17604 OLD OAK WAY
LITHIA FL 33547-5026

home # 813-651-1910

cell # 813-728-4159

W01-21305

Regards

Russell J Little

W09/24
01 SEP 24 AM 11:50
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 13, 2001

RUSSELL J. LITTLE
KINCAID ASSOCIATES LLC
17604 OLD OAK WAY
LITHIA, FL 33547-5026

SUBJECT: KINCAID ASSOCIATES LLC
Ref. Number: W01000021305

We have received your document for KINCAID ASSOCIATES 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 301A00051443

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DIVISION OF CORPORATIONS
01 SEP 24 AM 11:50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KINCAID ASSOCIATES LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

17604 OLD OAK WAY
LITHIA FL 33547

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

RUSSELL J LITTLE
Name

17604 OLD OAK WAY
Florida street address (P.O. Box **NOT** acceptable)
LITHIA FL 33547
City, State, and 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 608, F.S.

Russell J. Little

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Russell J. Little

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RUSSELL J. LITTLE

Typed or printed name of signer

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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