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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

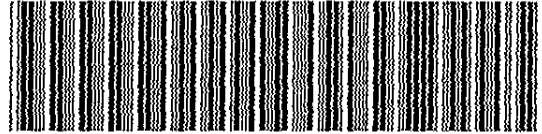
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(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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9/22/03  
*[Signature]*

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KENT PROPERTIES, 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:

RODNEY B. HATTON  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5379 HERONVIEW DRIVE  
(Address)

JACKSONVILLE, FLORIDA 32257  
(City/State and Zip Code)

For further information concerning this matter, please call:

RODNEY HATTON at (904) 378-4648  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KENT PROPERTIES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

P.O. Box 56214  
JACKSONVILLE, FL. 32241-6214

**Mailing Address:**

P.O. Box 56214  
JACKSONVILLE, FL. 32241-6214

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

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

Rodney B. Hatton  
Name  
HERONVIEW DRIVE  
5379 Heronview Drive  
Florida street address (P.O. Box **NOT** acceptable)  
JACKSONVILLE FL 32257  
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.

Rodney B. Hatton  
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

RODNEY B. HATTON  
5379 HERONVIEW DRIVE  
JACKSONVILLE, FL 32257

MGRM

TETIANA V. HATTON  
5379 HERONVIEW DRIVE  
JACKSONVILLE, FL 32257

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

RODNEY B. HATTON  
Typed or printed name of signee

**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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03 SEP 19 AM 8:46  
TALLAHASSEE, FLORIDA  
STATE SECRETARY OF STATE