

L07000094483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

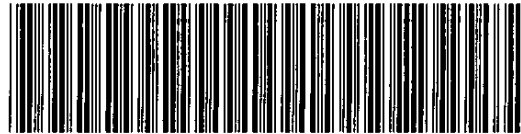
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07 SEP 17 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

TRANSMITTAL LETTER

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

SUBJECT: KINCAID SERVICES, LLC

Enclosed are an original and one(1) copy of the Articles of Incorporation and a check for \$125.00 for Filing Fee & Certificate.

FROM: East Washington Accounting Services, Inc.
975 E. Washington Avenue
Pierson, FL 32180
(904) 501-0929



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2007

EAST WASHINGTON ACCOUNTING SERVICES, INC.
975 E. WASHINGTON AVENUE
PIERSON, FL 32180

SUBJECT: KINCAID SERVICES, LLC
Ref. Number: W07000044551

We have received your document for KINCAID SERVICES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 307A00053475

**ARTICLES OF ORGANIZATION
OF
KINCAID SERVICES, LLC**

FILED
07 SEP 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the Limited Liability Company is:

KINCAID SERVICES, LLC

ARTICLE II: ADDRESS

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

MAILING ADDRESS:
2930 Bedford Street
Deltona, FL 32738

STREET ADDRESS:
2930 Bedford Street
Deltona, FL 32738

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

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

Jean Kincaid
2930 Bedford Street
Deltona, FL 32738

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, Florida Statutes.


JEAN KINCAID

ARTICLE IV: MANAGER OR MANAGING MEMBER

The name and address of the sole Managing Member and Member are as follows:

MGRM

Jean Kincaid
2930 Bedford Street
Deltona, FL 32738

100%

REQUIRED SIGNATURE:


JEAN KINCAID

9/4/07
DATE

(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.)

Jean Kincaid
Name of signee

FILED
07 SEP 17 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA