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Florida Department of State  
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(((H12000141928 3)))



H120001419283ABC

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608) 827-5300  
Fax Number : (608) 827-5501

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

Email Address: Jonathan.Kincaid1@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
Jonathan Kincaid Properties LLC

Certificate of Status	0
Certified Copy	1
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RECEIVED  
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EXAMINER

FAX AUDIT # **H12000141928 3**

**ARTICLES OF ORGANIZATION  
OF  
Jonathan Kincaid Properties LLC**

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**ARTICLE I NAME**

The name of the limited liability company shall be: Jonathan Kincaid Properties LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be:  
1425 Arthur St. Apt. 314, Hollywood, Florida 33020.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park  
Avenue, Tallahassee, Florida 32301. Located in the County of Leon.


**ARTICLE IV DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the  
name and address of the member of the Limited Liability Company is:

Jonathan Kincaid, 1425 Arthur St. Apt. 314, Hollywood, Florida 33020

  
Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative  
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,  
WI 53717  
608-827-5300

Date: May 30, 2012

FAX AUDIT # **H12000141928 3**

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

*The name of the limited liability company is: Jonathan Kincaid Properties LLC*

*The name and address of the registered agent and office is Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.*

*Having been named as registered agent and to accept service of process for the above stated 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.*

Signature: \_\_\_\_\_

*Mark Williams, A.V.P. Business Filings Incorporated*

Date: *May 30, 2012*

**FILED**  
2012 MAY 31 AM 8:00  
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TALLAHASSEE, FLORIDA

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