

L13000142546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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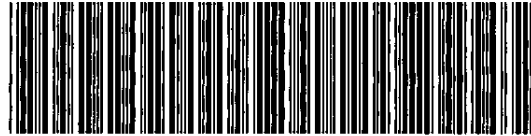
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT - 9 2013

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kinkler Marketing, 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:

Jens P. Nielson

Name of Person

Jens P. Nielson, P.C.

Firm/Company

765 North Main

Address

Spanish Fork, UT 84660

City/State and Zip Code

akinkler@armarketing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jens P. Nielson

Name of Person

at ( 801 ) 794-2084

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**

**Kinkler Marketing, LLC**  
(a Florida Limited Liability Company)

1. Name. The name of the limited liability company is:

Kinkler Marketing, LLC

2. Address. The mailing address and street address of the company are as follows:

808 N. Franklin Street, Unit 3208  
Tampa, FL 33602

3. Registered Agent, Registered Office & Registered Agent. The registered agent and registered office are as follows:

Adam Kinkler  
808 N. Franklin Street, Unit 3208  
Tampa, FL 33602

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.



Adam Kinkler

4. Managers / Managing Members. The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

MGRM

Adam Kinkler  
808 N. Franklin Street, Unit 3208  
Tampa, FL 33602

5. Effective Date. The effective date herein is the date of filing.

I am the Managing Member authorized to submit these Articles of Organization and affirm that the facts stated herein are true.

I understand the requirement to file an annual report between January 1<sup>st</sup> and May 1<sup>st</sup> in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.



Adam Kinkler

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TALLAHASSEE, FLORIDA