

L10000204058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

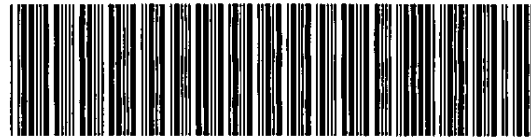
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

NOV 08 2016



600290929906

11/03/16--01012--001 \*\*130.00

2016 NOV -3 AM 9:56  
FALL ARREST OFFICES

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KINARD'S KITCHENS, 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:

Charles Kinard

Name of Person

Firm/Company

13204 Highway 441 S.

Address

Micanopy, FL 32667

City/State and Zip Code

alanscubana@bellsouth.net

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

For further information concerning this matter, please call:

Charles Kinard at ( 352 ) 466-9250  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KINARD'S KITCHENS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

13204 Highway 441 S.  
Micanopy, FL. 32667

**Mailing Address:**

13204 Highway 441 S.  
Micanopy, FL. 32667

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Charles Kinard

Name

13204 Highway 441 S.

Florida street address (P.O. Box **NOT** acceptable)

Micanopy, FL. 32667

City

State

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 605, F.S.*

Charles Kinard

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2016 NOV -3 AM 9:56  
ALABAMA STATE COURT

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

"AMBR"

**Name and Address:**

Charles Kinard  
13204 Highway 441 S.  
Micanopy, FL 32667

Pamela Taylor-Kinard  
13204 Highway 441 S.  
Micanopy, FL 32667

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Charles Kinard

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

CHARLES KINARD

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

2016 NOV -3 AM 9:56  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/15/16 BY 60322  
UCBA/MS/STP/STP