

L18000208611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

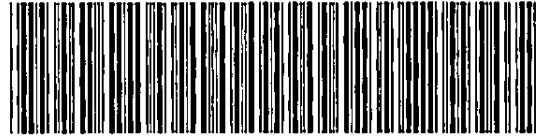
☐ MAIL

(Business Entity Name)

(Document Number)

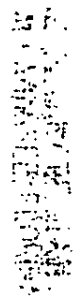
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



100316998941

U.S. DEPARTMENT OF COMMERCE



18 AUG 27 AM 11:10

FILED

W18-75279

Office Use



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2018 AUG 27 AM 11:43

August 20, 2018

EDWARD KINSON IV
5917 SW 63RD ST
MIAMI, FL 33143 US

SUBJECT: KINSON'S TRANSPORT LLC
Ref. Number: W18000075279

We have received your document for KINSON'S TRANSPORT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6052.

Taylor B Collins
Regulatory Specialist II

Letter Number: 318A00017176

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18 AUG 27 AM 11:10
TAYLOR B COLLINS
REGULATORY SPECIALIST II

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: _____ Kinson's Transport 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:

Edward Kinson IV
Name of Person

N/A
Firm/Company

5917 S.W. 63rd St
Address

Miami, FL 33143
City/State and Zip Code

Kinsonedward@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Kinson IV
Name of Person

at (786) 765-8925
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

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18 AUG 27 AM 11:10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kinson's Transport LLC
(Must contain 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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>5917 S.W. 63rd St</u>	<u>5917 S.W. 63rd St</u>
<u>miami, FL 33143</u>	<u>miami, FL 33143</u>

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:

Edward Kinson IV
Name
5917 S.W. 63rd St
Florida street address (P.O. Box **NOT** acceptable)
miami , FL
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.

Edward Kinson IV
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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18 AUG 27 AM 11:10
CLERK OF CIRCUIT COURT
MIAMI COUNTY, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Edward Kinson II
5917 S.W. 63rd St
Miami, FL 33143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.

N/A

REQUIRED SIGNATURE:

Edward Kinson II

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.

Edward Kinson II

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)

FILED
18 AUG 27 AM 11:14
CLERK OF THE COURT
JANET L. HARRIS