

L19 000044454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

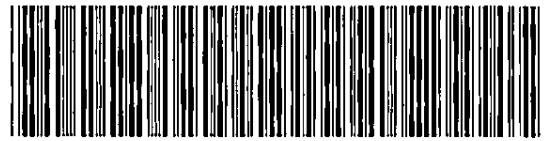
(Document Number)

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Office Use Only

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2019 FEB 21 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

19 FEB 21 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Kidaco Construction Inc 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:

King D. Jones  
\_\_\_\_\_  
Name of Person

Kidaco Construction Inc LLC  
\_\_\_\_\_  
Firm/Company

9435 Flechette Avenue  
\_\_\_\_\_  
Address

Jacksonville, FL 32208  
\_\_\_\_\_  
City/State and Zip Code

kjones1507@aol.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

King D. Jones                      904                      307-9076  
\_\_\_\_\_  
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      ☒ \$160.00 Filing Fee,  
(additional copy is enclosed)      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

**KING D. JONES**  
**KIDACO CONSTRUCTION INC**

9535 Flechette Avenue  
Jacksonville, FL 32208

February 20, 2019

Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Madam/Sir,

This letter is my permission to release the name Kidaco Construction Inc of which I am owner and president. I have no intentions to reactivate this corporation in the future.

Sincerely,  
King D. Jones,  
Owner/President

  
Signature

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kidaco Construction, 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:

**Principal Office Address:**

9435 Flechette Avenue

Jacksonville, FL 32208

**Mailing Address:**

9435 Flechette Avenue

Jacksonville, FL 32208

**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:

Shirley Jones

Name

9435 Flechette Avenue

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

Jacksonville, FL 32208

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2019 FEB 21 PM 2:04  
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TALLAHASSEE, 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

MGR

**Name and Address:**

King D. Jones

9435 Flechette Avenue

Jacksonville, FL 32208

\_\_\_\_\_

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

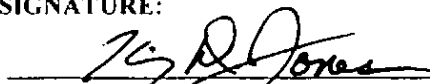
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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:**



\_\_\_\_\_  
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.

King D. Jones

\_\_\_\_\_  
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)