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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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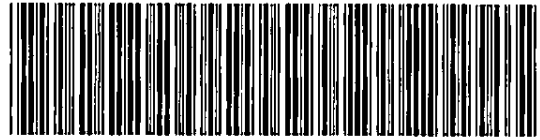
(Business Entity Name)

(Document Number)

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

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JUL 8 2019

ROBERT KIT KOREY, P.A.  
KOREY, SWEET, MCKINNON & SIMPSON  
Attorney and Counselors at Law

Robert Kit Korey, P.A.  
Jeffrey C. Sweet  
Noah C. McKinnon, Jr., P.A.  
Scott E. Simpson, P.A.  
Abraham McKinnon  
R. Kevin Korey  
Adam K. Dunn

Suite A, Granada Oaks Professional Building  
595 West Granada Boulevard  
Ormond Beach, Florida 32174  
Telephone (386)677-3431  
Telefax (386)673-0748

June 24, 2019

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

RE: Incidental Rentals, LLC

Dear Sir or Madam:

Enclosed is the Articles of Organization for Incidental Rentals, LLC.

I have enclosed a check in the amount of \$160.00 payable to the Florida Department of State representing filing fees, certificate of status and certified copy, together with a return self-addressed envelope for your convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact me.

Very truly yours,



Alix Bowman  
Paralegal to R. Kevin Korey, Esq.

/ab  
Enclosures

**COVER LETTER**

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

**SUBJECT:** Incidental Rentals, 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:

R. Kevin Korey  
\_\_\_\_\_  
Name of Person

Robert Kit Korey, PA  
\_\_\_\_\_  
Firm/Company

595 W. Granada Blvd., Ste. A  
\_\_\_\_\_  
Address

Ormond Beach, FL 32174  
\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

R. Kevin Korey                      386                      677-3431  
\_\_\_\_\_  
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:

Incidental Rentals, 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:

Mailing Address:

5 Kalorama Ct.  
Palm Coast, FL 32164

5 Kalorama Ct  
Palm Coast, FL 32164

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:

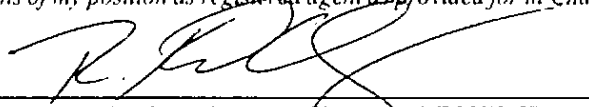
R. Kevin Korev  
Name

595 W. Granada Blvd., Ste. A  
Florida street address (P.O. Box **NOT** acceptable)

Ormond Beach      FL      32174  
City                      State                      Zip

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*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)

**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

**Name and Address:**

Garv Seeley  
5 Kalorama Ct  
Palm Coast, FL 32164

AMBR

Tammv Seeley  
5 Kalorama Ct  
Palm Coast, FL 32164

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(Use attachment if necessary)

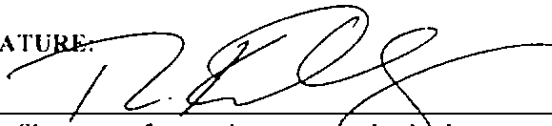
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

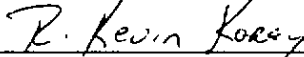
**ARTICLE VI:** Other provisions, if any.

**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.



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)