

L19000238269

(Requestor's Name)

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J O'KEEFE
OCT 02 2019

FILED
2019 OCT -2 PM 1:07
19 SEP 24 AM 11:00
RECEIVED
U.S. DEPT. OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, DC 20530

I Kevin Bondurant Do not plan to Reinstate

my L15000201353 Inet/UA Kevin Bondurant
LLC / W19000086208

Kevin Bondurant

Oct 2, 2019

FILED

2019 OCT -2 PM 1:09

CLERK OF COURT
CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2019

KEVIN BONDURANT LLC

TALLAHASSEE, FL 32312 US

SUBJECT: KEVIN BONDURANT LLC
Ref. Number: W19000086208

We have received your document for KEVIN BONDURANT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

Conflicting document number: L15000201353

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.

Jalesa S Dennis
Regulatory Specialist II

Letter Number: 619A00019738

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2019 OCT -2 PM 1:08

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kevin Bondurant 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:

Kevin Bondurant
Name of Person

12052 Cedar Bluff Tallahassee 32312
Address

Tallahassee FL 32312
City/State and Zip Code

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

For further information concerning this matter, please call:

____ at (____) _____
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

FILED
2018 OCT -2 PM 1:08
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kevin Bondurant 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>12052 Cedar Bluff 32312</u>	<u>12052 Cedar Bluff 32312</u>
<u>Tallah fla</u>	<u>Tallah fl</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:

<u>Kevin Bondurant</u>		
Name		
<u>12052 Cedar Bluff Tallah fla 32312</u>		
Florida street address (P.O. Box <u>NOT</u> acceptable)		
<u>Tallah</u>	<u>fla</u>	<u>32312</u>
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.

Kevin Bondurant
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2010 OCT -2 PM 1:08
CLERK OF COURT
JESSICA L. HARRIS

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

MANGR = Manager

Name and Address:

Kevin Bondurant

Cedar Bluff Tallahassee Fla

32317

(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:

Kevin Bondurant

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.

Kevin Bondurant

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
2020 OCT -2 PM 1:08
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT