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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

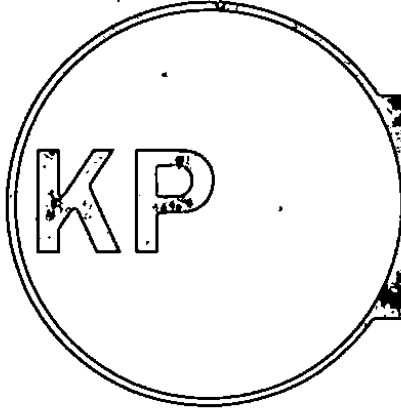
Office Use Only



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Derrick Thompson



**KENNETH PAYNE**  
**KENNICO INVESTMENTS LLC**

## **CONTACT**

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11023 Sailbrooke Drive  
Riverview Florida 33579  
Kenpayne43@gmail.com  
(804) 683-6036

## **DIVISION OF CORPORATIONS**

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**NEW FILING SECTION  
DIVISION OF CORPORATIONS  
THE CENTRE OF TALLAHASSEE**

**2415 N. MONROE STREET, SUITE 810  
TALLAHASSEE, FLORIDA 32303**

07/02/2020

Dear division of corporations,  
Enclosed is a my filing for a new business license for investment  
real estate in the state of Florida. Please don't hesitate to call me  
with any questions.

Sincerely,  
**KENNETH PAYNE**



**EMAIL**



**TWITTER HANDLE**



**TELEPHONE**



**LINKEDIN ID**

**COVER LETTER**

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

**SUBJECT: KENNICO INVESTMENTS 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:

Kenneth Payne

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11823 Sailbrooke Drive

\_\_\_\_\_  
Address

Riverview Florida 33579

\_\_\_\_\_  
City/State and Zip Code

kenpayne43@gmail.com

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

For further information concerning this matter, please call:

Ken Payne

804

683-6036

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENNICO INVESTMENTS 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:

11023 SAILBROOKE DRIVE  
RIVERVIEW FLORIDA 33579

Mailing Address:

11023 SAILBROOKE DRIVE  
RIVERVIEW FLORIDA 33579

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:

Kenneth Payne

Name

11023 Sailbrooke Drive

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

RIVERVIEW

City

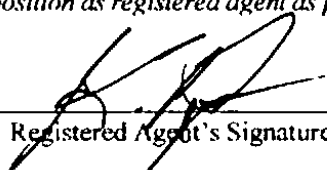
FLORIDA

State

33579

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)

**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:**

MGR

NICOLE PAYNE  
11023 SAILBROOKE DR  
RIVERVIEW FLORIDA 33579

AMBR

ASHANTI PAYNE  
11023 SAILBROOKE DR  
RIVERVIEW FLORIDA 33579

AMBR

BRIANNA AVERETT  
3131 WHISPER LAKE LN  
WINTER PARK FLORIDA 32792

MGR

KENNETH PAYNE  
11023 SAILBROOKE DRIVE  
RIVERVIEW FLORIDA 33579

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3 JULY 2020

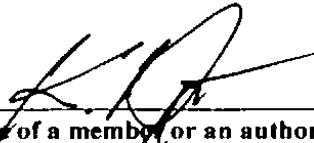
(OPTIONAL)

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

KENNETH PAYNE

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)