

L210000098270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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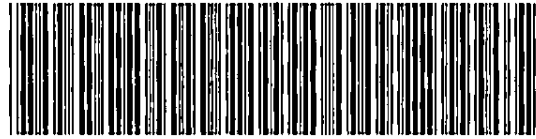
(Business Entity Name)

(Document Number)

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**HODGES & CARLE, P.A.**  
ATTORNEYS AT LAW  
38410 NORTH AVENUE  
POST OFFICE BOX 548  
ZEPHYRHILLS, FLORIDA 33539-0548

STEPHEN D. CARLE  
Wills, Trusts, Probate, Elder Law,  
and Medicaid Planning

TELEPHONE 782-7196  
FAX 782-1026  
AREA CODE 813

RAYMOND H. HODGES  
(1915-1999)

February 4, 2021

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In re: ARTICLES OF ORGANIZATION FOR J & E KINSMAN, LLC

Dear Gentlemen:

Enclosed are the Articles of Incorporation for J & E Kinsman, LLC,  
together with our check to cover the filing fee in the amount of  
\$125.00.

Very truly yours,

  
STEPHEN D. CARLE

SDC:kb

Enclosures

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**ARTICLES OF ORGANIZATION**

**FOR**

**J & E KINSMAN, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J & E KINSMAN, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

36131 Chancey Road  
Zephyrhills, FL 33541

**Mailing Address:**

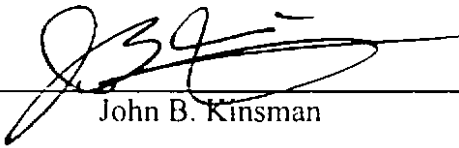
36131 Chancey Road  
Zephyrhills, FL 33541

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

John B. Kinsman  
36131 Chancey Road  
Zephyrhills, FL 33541

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, Florida Statutes.

  
\_\_\_\_\_  
John B. Kinsman

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**ARTICLE IV - Manager or Managing Member**

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

**Title:**

Authorized Member

**Name and Address:**

John B. Kinsman  
36131 Chancey Road  
Zephyrhills, FL 33541

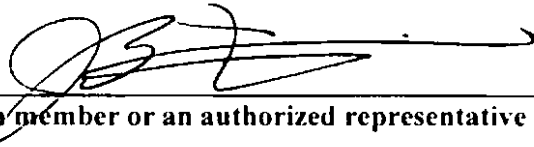
**Title:**

Authorized Member

**Name and Address:**

Erica Kinsman  
2210 Broadway View Avenue  
Brandon, FL 33510

**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 Section 817.155, Florida Statutes.)

John B. Kinsman

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