

L21000111031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

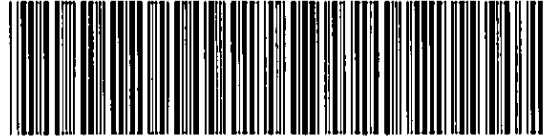
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/17/21--01007--022 **125.00

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2021 MAR 17 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FL

21 MAR 17 PM 2:07

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KEVIN J. HOLDINGS, LLC

Signature

Requested by: SETH

03/16/21

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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ARTICLES OF ORGANIZATION
OF
KEVIN J HOLDINGS LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - NAME

The name of the limited liability company is: KEVIN J HOLDINGS LLC

ARTICLE II - ADDRESS

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

Principal Office Address:
1425 E. Airport Blvd.
Sanford, FL 32773

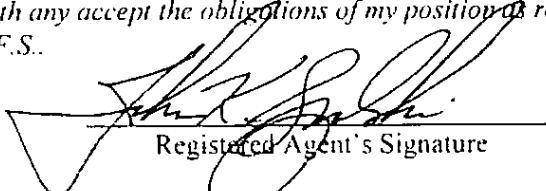
Mailing Address:
1425 E. Airport Blvd.
Sanford, FL 32773

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

John K. Spolski
1425 E. Airport Blvd.
Sanford, FL 32773

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 any accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature

ARTICLE IV - MANAGEMENT (check box if applicable.)

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:

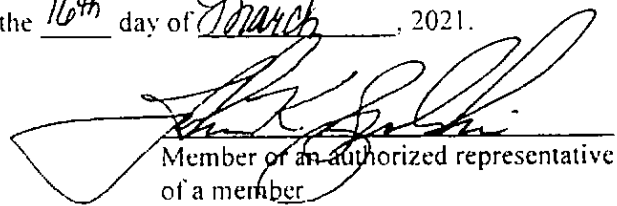
MGR

Spolski Construction, Inc.
1425 E. Airport Blvd.
Sanford, FL 32773

ARTICLE V - DURATION

The duration of the Limited Liability Company shall, unless limited by the terms of any Regulations Agreement, be perpetual.

IN WITNESS WHEREOF, the undersigned, as a member, has executed the foregoing Articles of Organization on the 16th day of March, 2021.

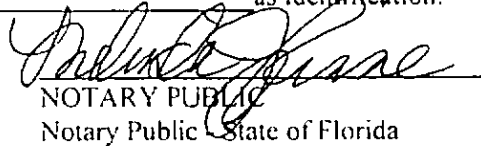

Member or an authorized representative
of a member

(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 constituted a third degree felony as provided for in s.817.155, F.S.

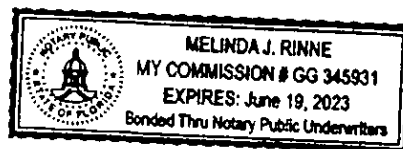
JOHN K. SPOLSKI
[typed or printed name of signee]

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 16th day of March, 2021 by JOHN K. SPOLSKI, who is personally known to me or who has produced _____ as identification.


NOTARY PUBLIC
Notary Public - State of Florida

My Commission Expires:



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SECRETARY OF STATE
TALLAHASSEE, FL

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