

L21000138188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

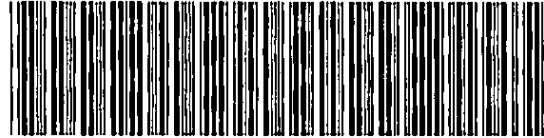
Special Instructions to Filing Officer:

Office Use Only

W2100023156

APR 03 2021

T. SCOTT



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01/27/21--01016--002 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 MAR 18 AM 10:16

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2021

KINDA N. JENKINS
1742 GLOVERS COURT
LAKE MARY, FL 32746

SUBJECT: KINDA'S COMPASSIONATE CARE SERVICES
Ref. Number: W21000023156

We have received your document for KINDA'S COMPASSIONATE CARE SERVICES and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return the corrected original and one copy of 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 621A00003760

RECEIVED
2021 MAR 18 AM 11:47
DIVISION OF CORPORATIONS
REGULATORY SPECIALIST
NEW FILINGS SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kinda's Compassionate Care Services

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:

Kinda N. Jenkins

Name of Person

Kinda's Compassionate Care Services

Firm/Company

1742 Glovers Court

Address

Lake Mary, Florida 32746

City/State and Zip Code

kindacompassionatecareservices@gmail.com

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

For further information concerning this matter, please call:

Kinda Jenkins

386

266-3860

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:

Kinda's Compassionate Care Services 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:

1742 Glover Court
Lake Mary, FL 32746

1742 Glover Court
Lake Mary, FL 32746

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.)

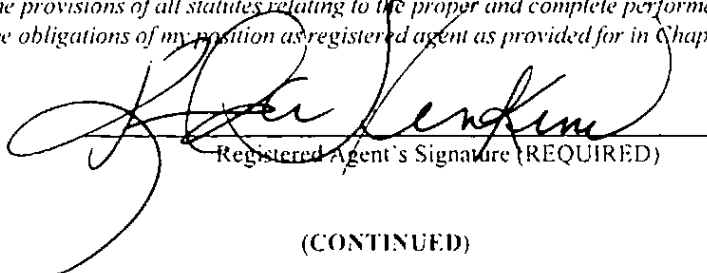
The name and the Florida street address of the registered agent are:

Kinda N. Jenkins
Name

1742 Glovers Court
Florida street address (P.O. Box **NOT** acceptable)

Lake Mary FL 32746
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.


Registered Agent's Signature (REQUIRED)
(CONTINUED)

2021 MAR 18 AM 10:16
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Kinda N. Jenkins
1742 Glovers Court
Lake Mary, FL 32746

ASST MGR

Patrick L. Jenkins
1742 Glovers Court
Lake Mary, FL 32746

(Use attachment if necessary)

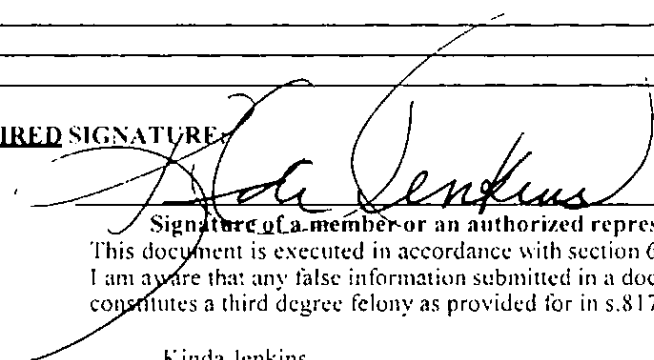
ARTICLE V: Effective date, if other than the date of filing: April 26, 2021 (OPTIONAL)

(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.

Kinda Jenkins

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)