

Dec. 8. 2023 11:52AM

12/8/23, 11:30 AM

No. 2234 P. 1

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L23000545006

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PETERSON & MYERS PA

Account Number : 120080000078

Phone : (863)683-6511

Fax Number : (863)688-8099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: MKincart@Petersonmyers.com

FLORIDA LIMITED LIABILITY CO.

Black Creek Integrated Services, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

T.S.H

12/11/23

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## COVER LETTER

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

**SUBJECT:** Black Creek Integrated Services, 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:

MICHAEL J. KINCART, BSQ

Name of Person

PETERSON & MYERS, P.A.

Firm/Company

225 EAST LEMON STREET, SUITE 300

Address

LAKELAND, FLORIDA 33801

City/State and Zip Code

mkincart@petersonmyers.com

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

For further information concerning this matter, please call:

|                                |                       |                                 |
|--------------------------------|-----------------------|---------------------------------|
| <u>Michael J. Kincart, Esq</u> | <u>863</u>            | <u>683-6511</u>                 |
| <u>Name of Person</u>          | <u>at (Area Code)</u> | <u>Daytime Telephone Number</u> |

Enclosed is a check for the following amount:

|   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Black Creek Integrated 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:**1419 OAKLAWN PLACE  
LAKELAND, FLORIDA 33803**Mailing Address:**1419 OAKLAWN PLACE  
LAKELAND, FLORIDA 33803**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:

MICHAEL J. KINCART, ESQ

Name

225 EAST LEMON STREET, SUITE 300Florida street address (P.O. Box **NOT** acceptable)

|                 |                |              |
|-----------------|----------------|--------------|
| <u>LAKELAND</u> | <u>FLORIDA</u> | <u>33801</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..*

  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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
ROBERT O. KINCART  
1419 OAKLAWN PLACE  
LAKELAND, FLORIDA 33803
MGR
ROBERT J. KINCART  
5816 HENDRICKS ROAD  
LAKELAND, FLORIDA 33811
MGR
WILLIAM B. HILTON II  
5209 SUMMERWOOD COURT  
SARASOTA, FLORIDA 34233

(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***Robert O. Kincart*  
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.ROBERT O. KINCART as MGR

Typed or printed name of signer

**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)

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