

"Florida Documentary Stamp Tax is not required"

FLORIDA SECURED TRANSACTION REGISTRY

FILED

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
 Kevin Picard 8606281202

B. E-MAIL CONTACT AT FILER (optional)
 Kevin.picardo1@gmail.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
 Kevin: Picard
 c/o 12069 Helicon Avenue
 Port Charlotte, Florida [33981]

2021 May 17 08:00 AM

***** 20210712100X *****

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1AD)

1a. ORGANIZATION'S NAME
 KEVIN PICARD

OR

1b. INDIVIDUAL'S SURNAME
 KEVIN PICARD

FIRST PERSONAL NAME
 KEVIN PICARD

ADDITIONAL NAME(S) INITIAL(S)
 NONE

SUFFIX
 NONE

1c. MAILING ADDRESS
 12069 Helicon Ave,
 Port Charlotte
 FL 33981 USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1AD)

2a. ORGANIZATION'S NAME
 NONE

OR

2b. INDIVIDUAL'S SURNAME
 NONE

FIRST PERSONAL NAME
 NONE

ADDITIONAL NAME(S) INITIAL(S)
 NONE

SUFFIX
 NONE

2c. MAILING ADDRESS
 NONE

3. SECURED PARTY'S NAME (or NAME OF ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME
 NONE

OR

3b. INDIVIDUAL'S SURNAME
 Picard

FIRST PERSONAL NAME
 Kevin:

ADDITIONAL NAME(S) INITIAL(S)
 NONE

SUFFIX
 NONE

3c. MAILING ADDRESS
 12069 Helicon Avenue
 Port Charlotte
 Florida [33981] USA

4. COLLATERAL: This financing statement covers the following collateral:

1. ALL PROPERTY BELONGING TO DEBTOR BELONGS TO SECURED PARTY.
2. DEBTOR IS A TRANSMITTING UTILITY.
3. DEBTOR IS A TRUST.

See all ATTACHMENTS - Common Law Copyright Notice
Hold Harmless Indemnity Agreement
Affidavit of reservation of Rights UCC 1-308/1-207

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC) Ad. Item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessor/Leasee Consignor/Consignee Seller/Buyer Bailor/Borrower Licensor/Licensee

8. OPTIONAL FILER REFERENCE DATA: Registered mail # RE 989 533 232 US

INTERNATIONAL ASSOCIATION OF COMMERCIAL ADMINISTRATORS (IACA)

RE 989 533 229 US

State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of KEVIN PICARD, registered with the Department of State on June 3, 2021, as shown by the records of this office.

The Registration Number of this Fictitious Name is G21000074489.



CR2E022 (01-11)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Fourth day of June, 2021

Laurel M. Lee

Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

Section 1

1. KEVIN PICARD
Fictitious Name to be Registered (See instructions if name includes a business entity suffix or indicator)

2. do 12069 Helicon Avenue
Mailing Address of Business
Port Charlotte Florida 33981
City State Zip Code

3. Florida County of principal place of business: Charlotte County
(See instructions if more than one county)

4. FEI Number: _____

FILED
2021 JUN -3 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

G210000074489
06/03/21--01019--013 **80.00

This space is for office use only
CR4E001 (10/20)

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary)

1. Kevin : Picard. NMN2.
Last First M.I. Last First M.I.
do 12069 Helicon Avenue
Address Address
Port Charlotte Florida [33981]
City State Zip Code City State Zip Code

B. Owner(s) of Fictitious Name If Entity: (Use an attachment if necessary)

2. _____ 2. _____
Entity Name Entity Name

Address Address

City State Zip Code City State Zip Code
 Florida Document Number: _____ Florida Document Number: _____
 FEI Number: _____ FEI Number: _____
 Applied For Not Applicable Applied For Not Applicable

Section 3

I, the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the signature below shall have the same legal effect as if made under oath and I am aware that 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.

By: Kevin Picard 05/27/2021 Kevin.picard02@gmail.com
Signature of Owner in Section 2 Date Email Address: (to be used for future renewal notification)

Phone Number: 860-678-1202

Section 4

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we), the undersigned, hereby cancel the fictitious name _____,
 which was registered on _____ and was assigned registration number _____.

Signature of Owner of Registration being Cancelled Date Signature of Owner of Registration being Cancelled Date

Mark the applicable boxes Certificate of Status- \$10 Certified Copy- \$30

NON-REFUNDABLE PROCESSING FEE: \$50

Acknowledgement, Acceptance and Deed of Re-Conveyance

I, the living man, Kevin Picard, being of age, of sound mind and in good health, free of all duress or improper consideration hereby acknowledge, accept, and re-convey my given lawful Trade Name, Kevin Picard to the land and soil of Florida, my native state, together with all derivative names, including Kevin Picard, Kevin: Picard, KEVIN PICARD, KEVIN: PICARD, KEVIN P. , and all other variations however styled, punctuated, spelled, ordered, or otherwise represented as pertaining to me and my estate, and hereby declare their permanent domicile on the land and soil of FLORIDA.

All prior Powers of Attorney, all other prior presumed or granted Executorships, Guardianships, and Agency relationships are terminated and revoked effective with my natural birthday September 19, 1973, as I elect to be recognized as the sole living owner, executor, beneficiary, and agent of my name and estate since my 21st birthday on September 19, 1994.

So said, so signed, and so sealed by my living hand this 12th day of May in the year 2021 by:

By: *Kevin Picard* seal LS

Witness Jurat

FLORIDA State }

Charlotte County }

I, a public notary, was visited today by the living man known and identified as *Kevin Picard* and he did sign and seal this Acknowledgement, Acceptance and Deed of Re-Conveyance in my presence and did affirm the same in my sight, whereupon I affix my signature and seal as testimony to these facts:

Ralph Christopher Kotthoff

Notary; my commission expires on: *2-8-22*

