

L020 00030560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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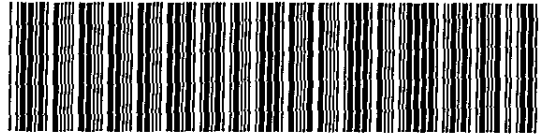
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AND  
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SECURITY STATE  
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UP  
H502

J. Harold Killingsworth  
1736 Amberwynd Circle  
Palmetto, FL 34221

November 10, 2002

Registration Section  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

**Subject: Killingsworth Software, LLC**

Dear Secretary of State:

Please find enclosed in this envelope the original copy of the Articles of Organization to be filed for the formation of Killingsworth Software, LLC.

A check for \$160.00 made payable to the Florida Department of State has been included for the Filing Fees:

\$100.00	Filing Fee for Articles of Organization
\$25.00	Designation of Registered Agent
\$30.00	Certified Copy
\$5.00	Certificate of Status

Please send a letter of acknowledgement, a certified copy of the articles, and a certificate of status to J. Harold Killingsworth at the above address upon registration.

If necessary, you may contact J. Harold Killingsworth by sending an e-mail message to [Jimhk@tampabay.rr.com](mailto:Jimhk@tampabay.rr.com), or by calling (941) 704-4545 during daytime hours.

Sincerely,



J. Harold Killingsworth

RECEIVED  
AND  
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02 NOV 14 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:  
Killingsworth Software, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
1736 Amberwynd Circle, Palmetto, FL 34221

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

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

J. Harold Killingsworth

Name

1736 Amberwynd Circle

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

Palmetto

FL 34221

City, State, and 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 608, F.S.*

*J. Harold Killingsworth*

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

*J. Harold Killingsworth*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

J. Harold Killingsworth

Typed or printed name of signee

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

02 NOV 14, AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED