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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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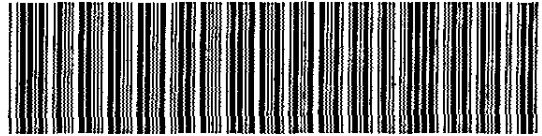
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

11/2
[Signature]

To Whom It May Concern: 25 Dec 03

Please find enclosed articles
of Incorporation for Kingsley
Stables and a registration fee
of \$100.00.

Also is enclosed a filing for
Designation of Registered Agent
and a check for \$25.00.

If any questions please
contact: Carol Kingsley
727-446-3922
1524 Smallwood Cir
Clearwater, FL
33755

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KINGSLEY STABLES, 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:

CAROL KINGSLEY
(Name of Person)

KINGSLEY STABLES
(Firm/Company)

1524 SMALLWOOD CIRCLE
(Address)

CLEARWATER, FLORIDA, 33755
(City/State and Zip Code)

For further information concerning this matter, please call:

CAROL R. KINGSLEY at (727) 446-3922
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

KINGSLEY STABLES, LLC

ARTICLE II - Address:

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

Principal Office Address:

5842 VAL DEL ROAD

HAHIRA, GEORGIA 31632

Mailing Address:

1524 SMALLWOOD CIRCLE

CLEARWATER, FLORIDA, 33755

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

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

CAROL KINGSLEY

Name

1524 SMALLWOOD CIRCLE,

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

Clearwater

FLORIDA 33755

City, State, and Zip

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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, Florida Statutes..

Carol Kingsley

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

NIKI SUGGS

5842 VAL DEL ROAD

HAHIRA, GEORGIA 31603

MGRM

HUGO GERVAIS

5842 VAL DEL ROAD

HAHIRA, GEORGIA 31603

MGRM

GREG SUGGS

5842 VAL DEL ROAD

HAHIRA, GEORGIA 31603

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Carol Kingsley

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.)

CAROL KINGSLEY

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)