

W5000016506

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(City/State/Zip/Phone #)

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(Business Entity Name)

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MJH

05 FEB 17 PM 3:05

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W05-6905

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kingswood Farms 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:

Susan K. Shipp

(Name of Person)

Kingswood Farms LLC

(Firm/Company)

7741 Kingswood Road

(Address)

Southport, Florida 32407

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan K. Shipp

(Name of Person)

at

(850) 785-5368

(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)

### 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 9, 2005

SUSAN K. SHIPP  
KINGSWOOD FARMS LLC  
7741 KINGSWOOD ROAD  
SOUTHPORT, FL 32407

SUBJECT: KINGSWOOD FARMS LLC  
Ref. Number: W05000006905

We have received your document for KINGSWOOD FARMS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can be only ONE Registered Agent. Please remove one name and signature from Article III.,

Please return 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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 805A00009267

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Kingswood Farms LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

7741 Kingswood Road  
Southport  
Florida  
32409

#### Mailing Address:

7741 Kingswood Road  
Southport  
Florida 32409

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

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

Kenneth W. Shipp  
Shipp  
Name

7741 Kingswood Road  
Florida street address (P.O. Box **NOT** acceptable)  
Southport FL 32409  
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..*

Kenneth W. Shipp  
Registered Agent's Signature  
Shipp

(CONTINUED)

FILED  
05 FEB 17 PM 3:06  
CLERK OF THE  
COURT  
JACKSONVILLE, FLORIDA

**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

Kenneth W. Shipp  
7741 Kingswood Rd  
Southport Fla 32409

MGRM

Susan K. Shipp  
7741 Kingswood Rd  
Southport Fla 32409

\_\_\_\_\_

\_\_\_\_\_

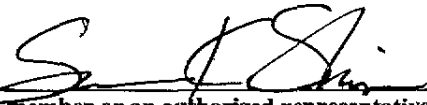
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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Susan K. Shipp  
\_\_\_\_\_  
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)