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(Cit	y/State/Zip/Phone	#)
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## TRANSMITTAL LETTER

TO: Registration Sec Division of Cor		-	
SUBJECT: Kingsley	Courts of Ocala, L.C. (Name of Limited	Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		S. Murcia fame of Person)	<del></del>
	(F	Pirm/Company)	
	1142	1 S. W. 25th Court	
_		(Address)	
	Davi	ie, Florida 33325	
•	(City/)	State and Zip Code)	•
For further information	concerning this matter, please of	call:	
		at (954478-5954	Jackson Marshan
(Namc	of Person)	(Area Code & Daytime 16	erephone (Aumoer)
Enclosed is a check for	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	
	ET ADDRESS:	MAILING A	

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

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 Courts of Ocala, L.C.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11421 S.W. 25th Court	11421 S.W. 25th Court
Davie, Florida 33325	Davie, Florida 33325
ARTICLE III - Registered Agent, Register The name and the Florida street address of the	red Office, & Registered Agent's Signature: e registered agent are:
J. Salvado	or Murcia
Nar	ne
11421 S.W.	25th Court
Florida street	address (P.O. Box NOT acceptable)
Davie,	FL 33325
City, Stat	e, and Zip
	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as

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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

05 JUN 10 PH 2:40

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Kingsley Courts, L.C.
	11421 S.W. 25th Corut
	Davie, Florida 33325
MGRM	Maria D. Invastmenta J. C.
WINGKIM	Marie B. Investments, L.C.
	7430 S.W. 88th Place
	Miami, Florida 33173
	· · · · · · · · · · · · · · · · · · ·
	<u></u>
(Use attachment if necessary)	
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
0	· · · · ·
Q/1	J. Muse
Signatura of a mam	ber or an authorized representative of a member.
Senature of a men	iber of an authorized representative of a member.
(In accordance with	section 608.408(3), Florida Statutes, the execution
or this document cor that the facts state	nstitutes an affirmation under the penalties of perjury d herein are true.)
	J. Salvador Murcia
	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)