1200159349

| (Requ | iestor's Name) | |
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| (Addr | ess) · | |
| (Addr | ess) | |
| (City/s | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ness Entity Nar | me) |
| (Docu | ıment Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fil | ling Officer: | |
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Office Use Only



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> 2012 DEC 20 AM THE 22 SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. CLINE

EXAMINE

COVER LETTER

TO: Registration Section

Division of Corporations

KW Family Holdings 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:

| Katherine S. Ruble | | |
|-------------------------|--|--|
| Name of Person | | |
| | | |
| Firm/Company | | |
| 1405 Stowe Street | | |
| Address | | |
| Inverness, FL 34450 | | |
| City/State and Zip Code | | |
| plumeriakathy@vahoo.com | | |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine S. Ruble

,_/352 \ 228-37

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

■\$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

S160.00 Filing Fee Certificate of Status & Certified Copy

(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| KW Family Holdings LLC (Must end with the words "Limited Liability) | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1405 Stowe Street | 1405 Stowe Street |
| Inverness, FL 34450 | Inverness, FL 34450 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered address. | ered Agent. You must designate an individual or another |
| William R. Ruble | |
| Name | |
| 1405 Stowe Street | FA . 21 |
| Florida street address (P.O. Box NOT acceptable) | |
| Inverness, FL 34450 | ress (P.O. Box NOT acceptable) FL te, and Zip ALC AR ASS ALC AR |
| • | ப் — உத்த |
| liability company at the place designated in the registered agent and agree to act in this capaci | accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of a performance of my duties, and I am familiar with |

Registered Agent's Signature (REQUIRED)

and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

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

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

| . <u>Title:</u> "MGR" = Manager | Name and Address: |
|----------------------------------|---|
| "MGRM" = Managing | Member |
| MGRM | William R. Ruble |
| | 1405 Stowe Street Inverness, FL 34450 |
| MGRM | Katherine S. Ruble |
| | 1405 Stowe Street Inverness, FL 34450 |
| | |
| | |
| | |
| | |
| | - 10 - 11 - 11 - 11 - 11 - 11 - 11 - 11 |
| (Use attachment if nece | ssary) |
| | f other than the date of filing: January 1, 2013 . (OPTIONAL) the date must be specific and cannot be more than five business days |
| prior to or 90 days after the da | ate of filing.) |
| REQUIRED SIGNAT | |
| Ka | therive School and the second |
| (In accordance constitutes an | with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. |

I am aware that any 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.)

Katherine S. Ruble

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)