## 14000027121

(Red	questor's Name)	
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## **COVER LETTER**

Division of	Corporations		分型の下
SUBJECT: K&WS	Sales and Service, L.L.C.		<u> </u>
	Name of Li	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	are submitted for filing.	
Please return all corre	espondence concerning this n	natter to the following:	
Kymmie F	Phillips		
		Name of Person	
K & W Sa	iles and Service, L.L.C.	,	
		Firm/Company	
1505 N. 2	Sth Terrace		
		Address	
Halina a 🔿			
<u>naines Ci</u>	ity, Florida 33844 (	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
bwillynilly@aol.co	om .	ed for future annual report notific	and the second s
	E-mail address: (to be use	ed for future annual report notific	cation)
For further information	on concerning this matter, ple	ase call:	
Kymmie Phillips	at (	863 ) 855-0192	
	me of Person		elephone Number
Enclosed is a check for	or 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)
Ma	iling Address	Street/Courder Add	lword

TO:

**Registration Section** 

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 F	FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
K & W Sales and Service, L.L.C.		
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the princip	pal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
K & W Sales and Service, L.L.C.	K & W Sales and Service, L.L.C.	
1505 N. 26th Terrace	1505 N. 26th Terrace	
Haines City, Florida 33844	Haines City, Florida 33844	
The name and the Florida street address of the regist  Kymmie Phillips	Name	
IN.	Name	
1505 N. 26th Terrace		
Fiorida street address (P.O.	D. Box <u>NOT</u> acceptable)	
Haines City,	FL 33844 Zip	
City	Zip	
the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept th	epl service of process for the above stated limited liability compan accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performanche obligations of my position as registered agent as provided for in Chapter 605, F.S  Chapter 605, E.S  Signature (REQUIRED)	is nce
	rinued)	

Page 1 of 2

FILTER BY

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	William Phillips
	1505 N. 26th Terrace
	Haines City, Florida 33844
///	
(Use attachment if necessary)	
ective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
ective date is listed, the date must be spen of filing.)  E VI: Other provisions, if any.	of filing:
ective date is listed, the date must be spe of filing.)  E. VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
ective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a mer  (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  W: //	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)    in
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REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony  W: //  \$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)    in m   Philips     Typed or printed name of signee    Filing Fees:   ganization and Designation of Registered Agent   Significant     Significant   Significant     Significant

ARTICLE IV-