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FAX No.

P. 005

Division of Corporations

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Florida Department of State

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : MIZELL LAW FIRM, P.A.
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Phone : (941) 575-9291
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**FLORIDA LIMITED LIABILITY CO.
K & P SWF, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 22 AM 2:02

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**ARTICLES OF ORGANIZATION
OF
K & P SWF, LLC**

Pursuant to Section 605.0201, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is K & P SWF, LLC.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is 511 South Crete Court, Punta Gorda, FL 33950 and the street address of the principal office of the limited liability company is 511 South Crete Court, Punta Gorda, FL 33950.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is KATHRYN WILLIAMSON, 511 South Crete Court, Punta Gorda, FL 33950.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and therefore is a manager-managed company. The name and address of the two managers each of whom is authorized to manage and control the limited liability company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	KATHRYN WILLIAMSON 511 South Crete Court Punta Gorda, FL 33950
Manager	PAUL WILLIAMSON 511 South Crete Court Punta Gorda, FL 33950

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

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ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 605.0108(2) of the Florida Statutes.

(In accordance with section 605.0205(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in F.S. 817.155)

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed his name and affixed his seal this 20th day of October, 2015.

Witnesses:

Anne Cormier
Print Name: Anne Cormier

Kim Dutton
Print Name: KIM DUTTON

Kathryn Williamson
KATHRYN WILLIAMSON, Member

Paul Williamson
PAUL WILLIAMSON, Member

STATE OF FLORIDA
COUNTY OF Charlotte

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared KATHRYN WILLIAMSON and PAUL WILLIAMSON to me known to be the people described as members and authorized representatives or who did produce FL. license as identification, and who executed the foregoing Articles of Organization, and they acknowledged that they executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 20th day of October, 2015.



ANNE CORMIER
MY COMMISSION # FF 243741
EXPIRES: June 23, 2019
Bonded Thru Budget Notary Service

Anne Cormier
Anne Cormier
Notary Public – State of Florida
Commission No. FF 243741
My Commission Expires: June 23, 2019

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is K. & P SWF, LLC.
2. The name and address of the registered agent and office is:

KATHRYN WILLIAMSON, 511 South Crete Court, Punta Gorda, FL 33950

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.


KATHRYN WILLIAMSON

Dated: October 22, 2015

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