## L19000051743

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PICK-UP WAIT MAIL			
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## COVER LETTER

TO;	New Filing Section Division of Corporations			
CHD 1D	Kingston Development LLC			
SUBJE	Name of Limited Li	ability Company		
The enc	losed Articles of Organization and fee(s) are submi	tted for filing.		
· Please re	eturn all correspondence concerning this matter to t	he following:		
	Lisa R. Kinsell			
	Nam	e of Person		
	Barry Rutenberg and Associates, Inc.			
	Firm/Company			
•	5431 SW 35th Drive, Suite 600			
	Address			
	Gainesville / FL 32035 32008			
	City/State LRutenberg@arhomes.com	e and Zip Code		
	E-mail address: (to be used for futu	ire annual report notification)		
For furthe	er information concerning this matter, please call:			
	Lisa R. Kinsell	) 373-8466		
	Name of Person Area Cod	e Daytime Telephone Number		
Enclose	d is a check for the following amount:			
\$125.00	Certificate of Status Ce	S160.00 Filing Fee, rtified Copy clional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
			·		
Kingston Development LLC					
(Must contain the words "Limited Liability Company, "L.L.C" or "LLC.")					
ARTICLE II - Address:					
	dress of the principal offic	e of the Limited Liab	ility Company is:		
The mailing address and street address of the principal office of the Limited Liability Company is:					
<u>Principa</u>	l Office Address:		Mailing Address:		
5431 SW 35th Drive,	Suite 600	5431 SW	35th Drive, Suite 600		
Gainesville, FL 32635	32608	Gainesvil	le, FL <del>3263</del> 5 32 G 0 8		
			<del></del>		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)					
The name and the Florida street address of the registered agent are:					
The name and the Florida street a	ddress of the registered as	gent are:			
The name and the Florida street a	ddress of the registered as Lisa R. Kinsell	gent are:			
The name and the Florida street a	Lisa R. Kinsell	gent are: Same	<u> </u>		
The name and the Florida street a	Lisa R. Kinsell	Same	·		
The name and the Florida street a	Lisa R. Kinsell	Vame uite 600	able)		
The name and the Florida street a	Lisa R. Kinsell  5431 SW 35th Drive, St	Vame uite 600	able) 32635 32608		

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 605, F.S..

(CONTINUED)

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Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager MGR	Lisa R. Kinsell 5431 SW 35th Drive. Suite 600 Gainesville, FL 3 <del>203</del> 5 32 GC 8	
<del></del>		
(Use attachment if necessary)		
(If an effective date is listed, the date must be specifi the date of filing.)	iling: February 22, 2019 (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.	
ARTICLE VI: Other provisions, if any. Real Estate Development		
REOUIRED SIGNATURE:	A. D. Vivis 9	
This document is executed in a maware that any false info	per or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b),	
Lisa R. Kinsell	yped or printed name of signee	

The name and address of each person authorized to manage and control the Limited Liability Company:

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)

ARTICLE IV-