m17000006362

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S. WARREN JUL 2 7 2017



July 19, 2017

KELLY KINGTON P.O. BOX 337 DESTIN, FL 32540

SUBJECT: KINGTON CONDOS, LLC

Ref. Number: W17000059758

We have received your document for KINGTON CONDOS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$777.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 117A00014649

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	Kington Condos, Ll	LC				
		Name of	f Limited Liability (Company		
					insact Business in Florida." y company to transact busin	
Please return	all correspondence	concerning this matter to the	e following:			
	Kelly Kington					
		1	Name of Person	•		
	Kington Condo	os, LLC				
		Į.	Firm/Company			
	PO Box 337					
			Address	· -		
	Destin, FL 325	40				
		City/	State and Zip Code	-		
	khead5@yahoo.	com				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For further i	nformation concernir	ng this matter, please call:				
Ke	lly Kington		325 at (829-923	33	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.C	AILING ADDRESS: rision of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding coutive Center Circle ice, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Ce of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

State of Texas (furisdiction under the law of wh			d Liability Company," "L.L.C," or "LI.C.")
(Jurisdiction under the law of wh		3. <u>454-75-5757</u>	
	och foreign limited liability company is organized)	(FEI	number, if applicable)
. 2/27/2015			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	o registration.) mine penalty liability)	
543 Harbor Blvd Suite		6. PO Box 337	
(Street Address of P Destin, FL 32541	rincipal Office)	(Mailing Destin, FL 32540	(Address)
. Name and street addres	s of Florida registered agent: (P.O. Bo:	x <u>NOT</u> acceptable)	. <u></u>
Name:	Kelly Kington		7 J
Office Address:	543 Harbor Blvd. Suite 403		FIL UL 24
	Destin	, Florida <u>32541</u>	
	(City)	(2)	p code) P = P = D
aving been named as reg esignated in this applicate comply with the provisi	-	process for the above stated lim as registered agent and agree to	ited liability company at the pla act in this capacity further a
laving been named as regesignated in this applicated on this application comply with the provisional accept the obligations	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the prope	process for the above stated lim as registered agent and agree to or and complete performance of signature)	ited liability company at the pla act in this capacity of further a my duties, and I am familiar wi
laving been named as regesignated in this applicated on this application comply with the provisional accept the obligations	tance: gistered agent and to accept service of tion, I hereby accept the appointment o ons of all statutes relative to the prope t of my position as registered agent. (Registered agent)	process for the above stated lim as registered agent and agree to or and complete performance of signature)	ited liability company at the pla act in this capacity of further a my duties, and I am familiar wi
laving been named as regesting the sessing ted in this application comply with the provision accept the obligations 3. The name, title or capa	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the prope of my position as registered agent. (Registered agent city and address of the person(s) who h Name and Address: Kelly Kington	process for the above stated lim as registered agent and agree to a rand complete performance of signature)	ited liability company at the pla act in this capacity further a my duties, and I am familiar wi
laving been named as regesting test in this application comply with the provision accept the obligations. 3. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the proper to f my position as registered agent. (Registered agent) city and address of the person(s) who h Name and Address: Kelly Kington PO Box 337	process for the above stated lim as registered agent and agree to a rand complete performance of signature)	ited liability company at the pla act in this capacity further a my duties, and I am familiar wi
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laving been named as regesting the same of this applicant of comply with the provision of accept the obligations. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the proper to f my position as registered agent. (Registered agent) city and address of the person(s) who h Name and Address: Kelly Kington PO Box 337	process for the above stated lim as registered agent and agree to a rand complete performance of signature)	ited liability company at the pla act in this capacity further a my duties, and I am familiar wi
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Javing been named as regesignated in this applicate of comply with the provisional accept the obligations. B. The name, title or capa Title or Capacity: Managing Member Use attachments if necess. Attached is a certificate arisdiction under the law of the signature of the law of the signature.	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the proper to of my position as registered agent. (Registered agent) city and address of the person(s) who hear and Address: Kelly Kington PO Box 337 Destin, FL 32541 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	r process for the above stated lim as registered agent and agree to a and complete performance of signature) has/have authority to manage is/at Title or Capacity:	re: Name and Address:
esignated in this applicate comply with the provision accept the obligations. B. The name, title or capa Title or Capacity: Managing Member Use attachments if necess. Attached is a certificate arisdiction under the law of the translator must be sure. This document is executed.	tance: gistered agent and to accept service of tion, I hereby accept the appointment of ons of all statutes relative to the proper to of my position as registered agent. (Registered agent) city and address of the person(s) who hear and Address: Kelly Kington PO Box 337 Destin, FL 32541 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	process for the above stated limes registered agent and agree to a rand complete performance of a signature) mas/have authority to manage is/at Title or Capacity: duly authenticated by the official ate is in a foreign language, a transpose of the complete performance of the comp	re: Name and Address: All having custody of records in this lation of the certificate under one ware that any false information

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Kington Condos, LLC (file number 802155780), a Domestic Limited Liability Company (LLC), was filed in this office on February 13, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 14, 2017.



Phone: (512) 463-5555

Prepared by: SOS-WEB

R

Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 750359390005