

**A07000000026**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

## FLORIDA/FOREIGN LP/LLP

Knight Vision, LLLP

Certificate of Status	0
Certified Copy	1
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Electronic Filing Menu

Corporate Filing Menu

Help

**CERTIFICATE OF LIMITED PARTNERSHIP  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. Knight Vision, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  
or LLLP.

2. 701 Columbia Blvd.

(Street address of initial designated office)

Titusville, FL 32780-7902

3. C. Reed Knight, Jr.

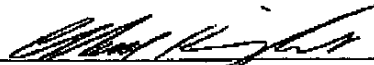
(Name of Registered Agent for Service of Process)

4. 701 Columbia Blvd.

(Florida street address for Registered Agent)

Titusville, FL 32780-7902

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature of Registered Agent

6. 701 Columbia Blvd.

(Mailing address of initial designated office)

Titusville, FL 32780-7902

7. If limited partnership elects to be a limited liability limited partnership, check box ☒

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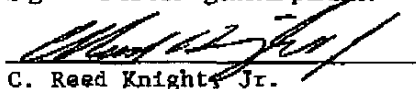
## 8. Name and business address of each general partner:

Name:Business Address:Knight Vision, LLC701 Columbia Blvd.LOT-2468Titusville, FL 32780-7902

## 9. Effective date, if other than the date of filing:

*(Effective date cannot be prior to nor more than 90 days after the date the document filed by the Florida Department of State.)*Signed this 8th day of January, 2007

Signature of each general partner:

C. Reed Knight, Jr.FILED  
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TALLAHASSEE, FLORIDA**Filing Fees:****\$1,000.00** (\$965 Filing Fee and \$35 Registered Agent Fee)**Certified Copy (optional):****\$52.50****Certificate of Status (optional):****\$8.75**

Page 2 of 2