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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

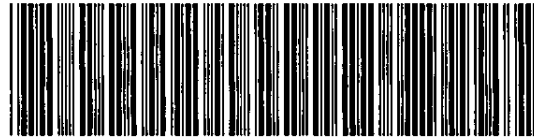
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Special Instructions to Filing Officer:

W16-86612

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FILED
JAN 24 P 4 18
SECRETARY OF STATE
TAMPA, FLORIDA

S Warren

JAN 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2017

ROSE L. MARSH ATOR **2ND ATTEMPT**
P.O. BOX 3964
ST. AUGUSTINE, FL 32085

SUBJECT: KNIGHT ENTERPRISES 2001, INC.
Ref. Number: W16000086612

We have received your document for KNIGHT ENTERPRISES 2001, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 605.0902, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 116A00027671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 29, 2016

ROSE L. MARSH ATOR
495 S. ST JOHNS ST
ST. AUGUSTINE, FL 32084

SUBJECT: KNIGHT ENTERPRISES 2001, INC.
Ref. Number: W16000086612

We have received your document for KNIGHT ENTERPRISES 2001, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Stacey M Warren
Regulatory Specialist II

Letter Number: 116A00027671

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knight Enterprises 2001, Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rose L Marsh-Ator
Name of Person
Knight Enterprises 2001, Inc
Firm/Company
495 South St. John St.
Address
St. Augustine, Florida 32084
City/State and Zip code
designsbyknight@yahoo.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose L Marsh-Ator at (904) 320-0009
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

* All REPLIES Should be sent to mailing address only
* Please send Reply to mailing address
* Post office Box 3964
SW

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Knight Enterprises 2001, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colorado 3. 582-15-2472
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/24/2000 5. 4/24/2000-new perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 495 S. St Johns St St Augustine FL 32084
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rose L. Marsh-Ator

Office Address: 495 S. St Johns St
St Augustine, Florida 32084
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.

Rose L Marsh-Ator
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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JUN 24 P 4:18
SECRETARY OF STATE
FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Rose L Marsh-Ator

Address: 495 S. St. Johns St.

St Augustine, FL 32084

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Rose L Marsh-Ator

Address: 495 S St Johns St

St Augustine FL 32084

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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2017 MAR 24 P 4:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Rose L Marsh-Ator

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Rose L Marsh-Ator President

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

KNIGHT ENTERPRISES 2001, INC.

is a

Corporation

formed or registered on 04/24/2000 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20001082246 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/08/2016 that have been posted, and by documents delivered to this office electronically through 12/12/2016 @ 12:14:03 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/12/2016 @ 12:14:03 in accordance with applicable law. This certificate is assigned Confirmation Number 9969293 .



Secretary of State of the State of Colorado

*****End of Certificate*****
Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."