## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H0000003673 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name

: PARCORP SERVICES, LTD.

Account Number : I19990000011 Phone

: (727)320-9848

Fax Number

: (727)320-9648

### LIMITED LIABILITY COMPANY

**BESTKNIVES LLC** 

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

# Fax Audit No. ((( H0000003673 1 ))) STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF BESTKNIVES LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

**BESTKNIVES LLC** 

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

17125 GOLF VISTA COURT, ODESSA, FL 33556

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name of the Florida street address of the registered agent are:

MICHAEL INGRASSIA
Name

17125 GOLF VISTA COURT
Florida street address (P.O. Box NOT ACCEPTABLE)

ODESSA, FL 33556
City, State and Zip

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 provided for in 608, F.S..

Registred Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

Signature of a member or authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / David L. Surina 11018 Southwest Highway, Palos Hills, IL 60465 / 708-974-1284

Fax Audit No. ((( H00000003673 1 )))

Fax Audit No. ((( H0000003673 1 )))

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

#### **BESTKNIVES LLC**

2. The name of the Florida street address of the registered agent are:

MICHAEL INGRASSIA	
Name	9 <u>9</u>
17125 GOLF VISTA COURT	
Florida street address (P.O. Box NOT ACCEPTABLE)	M 2
ODESSA, FL 33556	
City, State and Zip	<b>=</b> 22
	الله الله
	의 함

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 608, F.S.

Signature