

Fax Audit No. (((H00000003673 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in 608, F.S.



Registered 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

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RECEIVED
DIVISION OF REVENUES
00 JAN 24 PM 3:00

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**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

17125 GOLF VISTA COURT

Florida street address (P.O. Box NOT ACCEPTABLE)

ODESSA, FL 33556

City, State and Zip

00 JAN 24 PM 3:00
STATE OF FLORIDA
DIVISION OF CORPORATIONS

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Signature

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