

L03000053532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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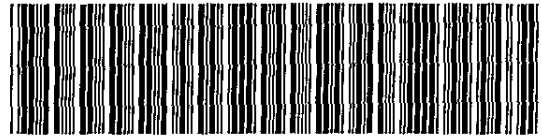
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
03 DEC 16 AM 9:29

12/17

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILSON A KNOTT FAMILY L.L.C  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILSON A. KNOTT  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

200 RED BUD LANE  
(Address)

LONGWOOD, FLORIDA 32779  
(City/State and Zip Code)

W03-35903

For further information concerning this matter, please call:

WILSON A KNOTT at (407) 774-9127  
(Name of Person) (Area Code & Daytime Telephone Number)

OR 407 222-9101

STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 2, 2003

WILSON A. KNOTT  
200 RED BUD LANE  
LONGWOOD, FL 32779

SUBJECT: WILSON A. KNOTT FAMILY L.L.C.  
Ref. Number: W03000035903

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DIVISION OF CORPORATIONS  
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We have received your document for WILSON A. KNOTT FAMILY L.L.C. and check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Also, please put the name of the LLC in Article I of the application, and the mailing address in Article II.

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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 003A00064582

*Florida Dept of State  
Gentlemen,*

*I am returning my application per your  
instructions with my check for \$25.00  
Please call me if there is any further  
problems  
Wilson A Knott*

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILSON A. KNOTT FAMILY, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

200 RED BUD LANE  
LONGWOOD FLORIDA  
32779

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

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

WILSON A. KNOTT  
Name

200 RED BUD LANE

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

LONGWOOD FL 32779  
City, State, and Zip

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*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..*

Wilson A Knott  
Registered Agent's Signature

Wilson A Knott

(CONTINUED)

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

WILSON A. KNOTT

200 RED GUP LANE  
LONGWOOD, FLORIDA

32779

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Wilson A Knott

Wilson A Knott

Signature of a member or an 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.)

WILSON A KNOTT

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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