

L04000079375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Acknowledgement DCC

W. P. Verifier DCC



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09/08/04--01016--003 \*\*100.00

10/05/04--01031--013 \*\*25.00

2004 OCT 21 P 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

10/05/04--01031--014 \*\*5.00

money  
effective date



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

September 10, 2004

AMANDA KNIGHT OVER  
OVERKNIGHT DEVELOPMENT LLC  
5150 HILL COUNTRY ROAD  
BROOKSVILLE, FL 34614

SUBJECT: OVERKNIGHT DEVELOPMENT LLC  
Ref. Number: W04000033944

We have received your document for OVERKNIGHT DEVELOPMENT LLC 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.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 8, 2004. Please amend your document accordingly.

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 604A00054253



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 7, 2004

AMANDA KNIGHT OVER  
OVERKNIGHT DEVELOPMENT LLC  
5150 HILL COUNTRY ROAD  
BROOKSVILLE, FL 34614

SUBJECT: OVERKNIGHT DEVELOPMENT LLC  
Ref. Number: W04000033944

We have received your document for OVERKNIGHT DEVELOPMENT LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 8, 2004. Please amend your document accordingly.

As request in our previous letter, you can not have the effective date of August 25th.

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 704A00058261

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OVERKNIGHT DEVELOPMENT LLC**

**ARTICLE II - Address:**

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

**15150 Hill Country Road  
Brooksville, FL 34614**

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

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

<u>Amanda Knight Over</u>	<b>FILED</b> 2001 OCT 21 P 3:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name	
<u>15150 Hill Country Road</u>	
Florida street address (P.O. Box <b>NOT</b> acceptable)	
<u>Brooksville, FLORIDA 34614</u>	
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 Chapter 608, Florida Statutes.*

  
Registered Agent's Signature

**ARTICLE IV- Manager/Owner:**

The name and address of the Manager/Owner is as follows:

AMANDA KNIGHT OVER – 100% Owner and Manager  
Name

15150 Hill Country Road, Brooksville, FLORIDA 34614  
Address, City, State, Zip

ARTICLE V- Effective date of the Limited Liability Company:

~~August 25, 2004~~  
JULY 1, 2004

October 21, 2004 Amanda K. Over

REQUIRED SIGNATURE:

*Amanda K. Over*

Signature of owner/manager

(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.)

AMANDA KNIGHT OVER

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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TALLAHASSEE, FLORIDA

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