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05 AUG 31 AM 10:18

TALLAHASSEE, FLORIDA

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05 AUG 31 AM 10:06

TALLAHASSEE, FLORIDA

Mr. Knowles

GAVE

AUTHORIZATION BY PHONE TO

CORRECT spelling of name

DATE 8/31/05

BY dec

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knowles Residential Maintenance LLC
(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:

Granville J. Knowles
(Name of Person)

(Firm/Company)

7820 North Jefferson
(Address)

Monticello FL 32344
(City/State and Zip Code)

For further information concerning this matter, please call:

Granville J. Knowles at (850) 342-3540
(Name of Person) (Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Knowles Residential Maintenance LLC

ARTICLE II - Address:

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

Principal Office Address:

7820 North Jefferson
Monticello FL 32344

Mailing Address:

7820 North Jefferson
Monticello FL 32344

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

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

Granville J. Knowles
Name

7820 North Jefferson
Florida street address (P.O. Box **NOT** acceptable)

Monticello FL 32344
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, F.S.

[Signature]
Registered Agent's Signature

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05 AUG 2010 10:18
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FLORIDA

(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

Granville Knowles
7820 North Jefferson
Monticello FL 32344

MGRM

TRACY Knowles
7820 North Jefferson
Monticello FL 32344

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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.)

Granville J. Knowles
Typed or printed name of signer

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)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

05 AUG 31 AM 10:18

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