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SECRETARY OF STATE



COVER LETTER

TO: Registration Sect Division of Corp				
SUBJECT: Knight Investments LLC (Name of Limited Liability Company)				
The enclosed Articles of C	Organization and fee(s) are su	ubmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
Christo	pher Knight	Lopez Name of Person)		
Knight Investments LLC (Firm/Company)				
	Box 2368			
Cocoa, FL 32923 - 6834 (City/State and Zip Code)				
(City/State and Zip Code) For further information concerning this matter, please call:				
Christopher Knight Lopez at (321) 615-6178 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for	the following amount:			
□ \$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	ipany is:			
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")				
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Lie	ability Company is:		
Principal Office Address:	Mailing Address:			
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Thomas 3085	Sunget Ln.	Signature: dual or another SECRETARY OF		
	street address (P.O. Box <u>NOT</u> acceptable) Coon, FL , 32922 ty, State, and Zip	4: 37 STATE LORIDA		
liability company at the place design registered agent and agree to act in this	t and to accept service of process for the c nated in this certificate, I hereby accept the capacity. I further agree to comply with applete performance of my duties, and I am	e appointment as the provisions of all		

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agenl's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jayson Lopez 3085 Sunset Lane
	Cocoa, FL 32922
MGRM	Christopher Knight Lopez 3085 Sunset La
	C0000, FL 32922
<u>MGRM</u>	Thomas Jahnsen III
	3095 Somet La Cocoa, FL 32122
A COM CKL	
MGKM	Shoon Carrers
	(Non-member)
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
and of the same of	
REQUIRED SIGNATURE:	
AA.	
Signature of a member s	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
Chris	or printed name of signee
	or bruned name or signee.
Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)