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(Re	questor's Name)	
(Ad	dress)	
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(City	y/State/Zip/Phone	<i>; #</i>)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF THE AND O

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNIGHTS TRAIL CAFE, L.L.C

(Name of Limited Liability Company)

The enclosed Articles of Amendment and Icc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D	AN Ru	tkou	ای کا	
		(Мште о	(Person)	
KN	ignts The	Ail	CAFE	, L.L.C.
			ompany)	
103	Truple De	Amond	Bluda	15,
		(Add	iress)	
N.	VENICE	FI	342	15
		(City/State a	nd Zin Code)	

For further information	concerning this matter, please	cali:		SECH	10F 90
DANR	(Name of Person)	at (Area Code & Daytime	Telephone Number)	HASSEE, PL	
Enclosed is a check for the	following amount:	•	•	\sim \circ	$\ddot{\circ}$
\$25.00 Filing Fee	S30.00 Filing Fcc & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	TATE ORIDA ·	07

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301



May 30, 2006

DAN RUTKOWSKI KNIGHTS TRAIL CAFE, L.L.C. 103 TRIPLE DIAMOND BLVD. #15 N. VENICE, FL 34275

SUBJECT: KNIGHTS TRAIL CAFE, L.L.C.

Ref. Number: W06000024686

We have received your document for KNIGHTS TRAIL CAFE, L.L.C. and your check(s) totaling \$60.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist

Letter Number: 306A00037477

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
KNISHTS TRAIL CAFE, L.L.C.
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
103 TRIPIE DIAMOND BIVD #2, N. VENICE,
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
DAN RUTKOWSKi
Namo
158 Puesta Del Sol
Florida struct address (P.O. Box NOT acceptable)
OSPREY FL 34229
City, State, and Zip
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
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.
accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
Da Zh
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.)

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)