## L07000017641

(Re	equestor's Name)	*	
(Ad	dress)		
(Ad	dress)	, , , , , , , , , , , , , , , , , , , ,	
(City/State/Zip/Phone #)			
PICK-UP	TIAW	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only



700087745597

02/15/07--01009--015 \*\*125.00

07 FEB 15 PM 2: 54

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corpora					
subject: <u>David</u>	Koch + Enterni (Name of Limite	Tises LLC d Liability Company)	·		
The enclosed Articles of Org	ganization and fee(s) are s	ubmitted for filing.			
Please return all corresponde	nce concerning this matte	er to the following:			
	David Knight	Name of Person)			
	David Knight	Name of Person)			
Do	wid Knight Ente	orses LLC			
		Firm/Company)			
P.O.	BOX 500454				
		(Address)			
Polm	Bay, FL 339 (City	09			<u>ت</u>
	(City.	/State and Zip Code)		07 F	SECI /ISIC
For further information conce	erning this matter, please	call:		07 FEB 15	RETAR OF C
David Knight (Name of Pe		at ( 38 / ) 426 65 (Area Code & Daytime To	72	P	CORPORATIONS
(Name of Pe	erson)	(Area Code & Daytime Te	elephone Number)	2; 5	)RAT
Enclosed is a check for the	e following amount:			<u>-</u>	101/2
\$125.00 Filing Fee Ce	\$130.00 Filing Fee & ertificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing I Certificate of Status Certified Copy (additional copy is enclosed)	&	
Re Di P.	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
David Knight Enterprises 1 LC  (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 Liability Co	mpany	' is:
Principal Office Address:  97 Pudolle Duck In.  Pobox 508454  Palm Bay FL 32950	<b>-</b>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anoth business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:		
David Knight Jr. Name	07 FEB 15	SECKETARY
Florida street address (P.O. Box NOT acceptable)  Palm Bay FL 82909  Eity, State, and Zip	PM 2:54	OF STATE
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provis statutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60%.	ment as sions oj with ar	s f all nd

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Membe	er e		
"MGR"	David Knight Jr. 97 Puddle Ouck La. Polm Bay Fl 32909	<del></del>	
<del></del>	- 7 din 1 Yag , 7 L 30707	<del></del>	
<del></del>			
		<u> </u>	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other the (If an effective date is listed, the date it to or 90 days after the date of filing.)	nan the date of filing: (OPT) nust be specific and cannot be more than five busines	IONAL) is days	) prior
REQUIRED SIGNATURE:		07 FI	OIVISIO
Dat		FEB 15	ETARY N OF CO
	member or an authorized representative of a member.	PH	SPP OF C
of this document	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)	2: 54	STATE IRATIO
Davi	Typed or printed name of signee		<del>a</del>

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)