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SECRETANT OF STATE

COVER LETTER

TO:	Registration Sec Division of Cor				
SUBJECT: Knight Fox Capital Management, LLC (Name of Limited Liability Company)					
The end	losed Articles of	Organization and fee(s) are su	bmitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
	lris Wilson	า			
•		1)	Name of Person)		
	Law Office	es of Michael Lap	at		
•			Firm/Company)		
	3300 N. I	Jniversity Drive	- Suite 311		
,			(Address)		
	Coral Sp	rings, Florida 33	3065		
			State and Zip Code)		
For fur	ther information	concerning this matter, please	eall:		
Iris Wilson at (954) 345-6442					
(Name of Person) (Area Code & Daytime Telephone Number)					
Enclos	sed is a check fo	or the following amount:			
□ \$125	5.00 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	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Knight Fox Capital Management,	LLC	
	any, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:	of the principal office of the Limited Liability Compar	ia.
The maning address and street address	of the principal office of the Limited Liability Compar	ıy is:
Principal Office Address:	Mailing Address:	
801 Brickell Avenue, 9th Floor	801 Brickell Avenue, 9th Floor	
Miami, Florida 33131	Miomi Florida 20121	
Marii, Florida 33131	Miami, Florida 33131	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature:	
ARTICLE III - Registered Agent, R	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another	FII
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name Name	FILE
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name Name	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address David Adams 801 Brickell Ave	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name Name	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address David Adams 801 Brickell Ave	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are: Name Name Prue, 9th Floor	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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" = Mana _! "MGRM" = Mar		Name and Address:			
MGR		David Adams			
	,,, · · · _	801 Brickell Avenue, 9th Floor		•	
		Miami, Florida 33131		-	
MGR		Sharkir Saafir			
		801 Brickell Avenue, 9th Floor			
		Miami, Florida 33131			
•	<u> </u>	10)			
		7.4.5		,	
					
(Use attachment	if necessary)				
ADTICLE V. Effective	data if athorithm the dat	C G1:	(OPTIO	.	`
ARTICLE V: Ellective (If an effective date is lis	date, if outer than the dat	e of filing: (pecific and cannot be more than five by	(OPTIO		
to or 90 days after the d		recine and cannot be more than five by	12111622 (пауѕ	hrior
REQUIRED SI	GNATURE:		ı		
····		/	ESE SE	07	
	h . //			FEB 21 AM 11: 02	
	0 4	Atamo	동	28	<u> </u>
	Signature of a member or	an authorized representative of a member.	SSE	<u></u>	FILED
	(In accordance with section	608.408(3), Florida Statutes, the execution	μiệ	₽	
	of this document constitute	s an affirmation under the penalties of perjury	丑心	=	_
	that the facts stated herei	n are true.)	SR SR	ë	
	David Adams		回り	స	
	Typed	or printed name of 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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Knight Fox Capital Management, LLC (Must end with the words "Limited Liability Company,"		or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Lia	bility Co	mpan	ıy is:
Principal Office Address:	Mailing Address:			
801 Brickell Avenue, 9th Floor	801 Brickell Avenue, 9th Floor		_	
Miami, Florida 33131	Miami, Florida 33131		-	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Agent's Registered Agent. You must designate an individ	Signatur lual or anoth	re: her	
The name and the Florida street address of	the registered agent are:	SEO!	07 F	
David Adams			83	П
David Adams Name 801 Brickell Avenue, 9th Floor Florida street address (P.O. Box NOT acceptable) Miami, FL 33131		FEB 21 AM 11: 02	F	
801 Brickell Avenue, 9th Floor		HG	2	ED
Florida street address (P.O. Box NOT acceptable)		SI.	=	
Miami,	_{FL} 33131	RATE BATE	20	
City, S	State, and Zip	>		
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this ca	ed in this certificate, I hereby accept the	e appoint	ment	as

ed 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	David Adams
	801 Brickell Avenue, 9th Floor
	Miami, Florida 33131
MGR	Sharkir Saafir
	801 Brickell Avenue, 9th Floor
	Miami, Florida 33131

(Use attachment if necessary)	
(Ose attachment if necessary)	
ARTICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)
(If an effective date is listed, the date must be s to or 90 days after the date of filing.)	pecific and cannot be more than five business days prior
to or 90 days after the date of fining.)	
<u>REQUIRED</u> SIGNATURE:	T SE OT
-	
	B 2 7
Signature of a member of	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
(In accordance with section	on 608.408(3), Florida Statutes, the execution
of this document constitution that the facts stated here	tes an affirmation under the penalties of perjury
	Ref. 2
David Adams	d or printed name of 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)