100003/4/0

(Req	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
. (City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



700094411417

03/22/07--01036--013 **155.00

SECRETARY OF STATE

Contraction of the Contraction o

Harry B. Knights Knights Vision, LLC 1070 West Main St., #904 Hendersonville, TN 37075

March 8, 2007

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

Re: Knights Vision, LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Harry B. Knights

Knights Vision, LLC

Enclosures

OT MAR 22 AH 11: 42
SECRETARY OF STATE
ALLAHASSEE FLORIDA

check stapled here

ARTICLES OF ORGANIZATION

of

KNIGHTS VISION, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Knights Vision, LLC

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any lawful business or activity permitted under the laws of the State of Florida or the United States of America.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

6363 99th Way N., #12A St. Petersburg, FL 33708

The organization's mailing address shall be as follows:

1070 West Main St., #904 Hendersonville, TN 37075



ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Harry B. Knights 6363 99th Way N., #12A St. Petersburg, FL 33708

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.

Harry B. Knights, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Harry B. Knights 6363 99th Way N., #12A St. Petersburg, FL 33708



ARTICLE VII - SIGNER

The name and address of the person signing these Articles of Organization is as follows:

Harry B. Knights 6363 99th Way N., #12A St. Petersburg, FL 33708

ARTICLE VIII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has execut	led≛the	ese5	
Articles of Organization this 201 day of March, 2007	C _R	Ĭ.	C
Maria	ETAS HASS	MAR 2	uzza Sa Sa
Harry B. Knights		2	
STATE OF LENNESSE) COUNTY OF SUMMER)	STATE	M III: 42	Tame

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Harry B. Knights, known to me to be the person who executed the foregoing Articles of Organization, or who presented Flower Daves who as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aferesaid, this _____ day of March, 2007.

STATE STATE

TENNESSEE

NOTARY

PUBLIC

Notary Public

My Commission Expires:

MY COMMISSION EXPIRES JANUARY 18, 2011