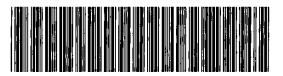
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

107-13181

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Knight Quality Painting	ı, LLC.
J0202011	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
LeaAnne B. Knight	
	(Name of Person)
Knight Quality Painting, LL0	C.
	(Firm/Company)
8553 SW 31st Lane	
	(Address)
Lake Butler, FL 32054	
(C	ity/State and Zip Code)
For further information concerning this matter, please	se call:
LeaAnne B. Knight	_ <sub>at</sub> 386 984-6271 🚉 🖺
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	at 386 984-6271 Area Code & Daytime Telephone Number)
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company	1\$:		
Knight Quality Painting, LLC.			
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:	
Principal Office Address:	Mailing Address:		
8553 SW 31st Lane	8553 SW 31st Lane		
Lake Butler, FL 32054	Lake Butler, FL 32054		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)  The name and the Florida street address of the	egistered Agent. You must designate an individ	Signature: dual or another	
LeaAnne B. Knigh	t	. 4 ~2	
Ne	me	SEC BOI	
8553 SW 31st Lar	ne	TALLATIAS	
Florida stree	t address (P.O. Box NOT acceptable)	SS IS	
Lake Butler, FL 32	2054 <sub>FL</sub>	EC PH	
City, Str	ate, and Zip		
Having been named as registered agent and	to accept service of process for the a	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..

(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:

"MGR" = Manager "MGRM" = Managing Member    MGR	Title:		ame and Address:		
MGRM  Charles R. Knight, III  8553 SW 31st Lane Lake Butter, FL 32054  Charles R. Knight, III  8553 SW 31st Lane Lake Butter, FL 32054  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:					
(Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR	L	eaAnne B. Knight		
Charles R. Knight, III  8553 SW 31st Lane Lake Butter, FL 32054  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		8	553 SW 31st Lane		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		<u>L</u>	ake Butler, FL 32054	····	
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGRM		Charles R. Knight, III		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:		8	553 SW 31st Lane		
CLE V: Effective date, if other than the date of filing:		<u>r</u>	ake Butler, FL 32054	<del></del>	
CLE V: Effective date, if other than the date of filing:				· · · · · · · · · · · · · · · · · · ·	
CLE V: Effective date, if other than the date of filing:		_			
CLE V: Effective date, if other than the date of filing:		_			
CLE V: Effective date, if other than the date of filing:		<del>-</del> -			
CLE V: Effective date, if other than the date of filing:					
REOUIRED SIGNATURE:  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.)  LeaAnne B. Knight		<del>-</del>		· · · · · · · · · · · · · · · · · · ·	
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.)			f filino.	(OPTION	JAL)
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.)	CLE V: Effective deffective date is list	ate, if other than the date o	·		•
(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.)  LeaAnne B. Knight	CLE V: Effective defective defective date is list 0 days after the da	ate, if other than the date oned, the date must be speci	·		ays prio
(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.)  LeaAnne B. Knight	CLE V: Effective defective defective date is list 0 days after the da	ate, if other than the date oned, the date must be speci	·		ays prio
LeaAnne B. Knight 음문 설	CLE V: Effective defective defective date is list 0 days after the da <u>REQUIRED</u> SIG	ate, if other than the date of the date must be specified of filing.)  NATURE:	fic and cannot be more than five the state of the state o	ve business d	ays prio
	CLE V: Effective deffective date is listed to days after the da	nate, if other than the date of the date must be specified, the date must be specified of filing.)  NATURE:  Signature of a member or an (In accordance with section 60 of this document constitutes ar	authorized representative of a mem 8.408(3), Florida Statutes, the execution affirmation under the penalties of per	ber. School on interview	ays prio

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)