

LO7000088687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

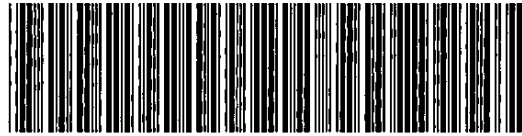
(Business Entity Name)

(Document Number)

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KROWNE SERVICES
REAL ESTATE / INSURANCE / MORTGAGE SERVICES

3855 Avalon Park East Blvd.
Orlando, FL 32828
PH: 407-823-8855 FAX: 407-823-8857
dan@krowneservices.com

August 22, 2007

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

Re: The Knight Club, Limited Liability Company

Application and Check # 1406 in the amount of \$155.00 enclosed

Joe McKinney
9869 Lake Georgia Dr.
Orlando, FL 32817
(407)340-5514

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Knight Club, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3855 Avalon Park East BLvd. Orlando, FL 32828

9869 Lake Georgia Dr Orlando, FL 32817

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joe McKinney

Name

9869 Lake Georgia Dr

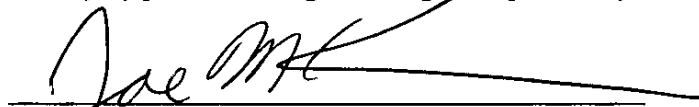
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32817 FL

City, State, and Zip

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SECRETARY OF STATE

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Joe McKinney
9869 Lake Georgia Dr
Orlando, FL 32817

Manager

Dan Browne
215 Prairie Dune Way
Orlando, FL 32828

Manager

Mack McGaughlin
312 English Lake Dr
Winter Garden, FL 34787

Manager

Scott Rose
511 Valley Stream Dr
Geneva, FL 32732

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED 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.)

Joe McKinney

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Jonathan Fletcher

651 Lakehaven Cr

Orlando, FL 32828

Manager

Hamilton E Hunt Jr.

PO Box 320342

Tampa, FL 33679

Manager

Terry Sible

1415 Sunningdale Way

Orlando, FL 32828

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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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:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN 26-0749418 OMB No. 1545-0003		
1* Legal name of entity (or individual) for whom the EIN is being requested The Knight Club LLC						
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name Joseph McKinney			
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 9869 Lake Georgia Dr			5a Street address (if different) (Do not enter a P.O. box)			
4b* City, state, and ZIP code Orlando FL 32817 -			5b City, state, and ZIP code			
6* County and state where principal business is located County Orange State FL						
7a* Name of principal officer, general partner, grantor, owner, or trustor Joseph McKinney			7b* SSN, ITIN, EIN 265-31-2501			
8a* Type of entity (check only one)						
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> Plan administrator (SSN)		
<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust (SSN of grantor)		<input type="checkbox"/> National Guard		
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 2553		<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> State/local government		
<input type="checkbox"/> Personal Service		<input type="checkbox"/> REMIC		<input type="checkbox"/> Federal government/military		
<input type="checkbox"/> Church or church-controlled organization		Group Exemption NO. (GEN) ▶		<input type="checkbox"/> Indian tribal government/enterprises		
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> Other (specify) ▶				
8b* If a corporation, name the state or foreign country (if applicable) where incorporated			State FL	Foreign country		
9* Reason for applying (check only one)						
<input checked="" type="checkbox"/> Started new business (specify type) ▶ 08212007		<input type="checkbox"/> Banking purpose (specify purpose) ▶				
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Changed type of organization (specify new type) ▶				
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business				
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a trust (specify type) ▶				
<input type="checkbox"/> Created a pension plan (specify type) ▶						
10* Date business started or acquired (month, day, year) AUG 21 2007			11* Closing month of accounting year DEC			
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶						
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>				Agriculture 0	Household 0	Other 0
14* Check box that best describes the principal activity of your business						
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance		
<input type="checkbox"/> Real estate		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Accommodation & food service		
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-agent/broker		
<input checked="" type="checkbox"/> Other (specify) <u>Owner of Skybox in UCF Am</u>		<input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale-other		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. None						
16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>						
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶						
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN						
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form						
Third Party Designee	Designee's name		Designee's telephone number (include area code)			
	Address and ZIP code		() - Designee's fax number (include area code) () -			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code)			
Name and title (type or print clearly) ▶ Joseph McKinney			(407) 340 - 5514			
Signature ▶ Not Required			Applicant's fax number (include area code) () -			
Date ▶ August 21, 2007 GMT						