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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

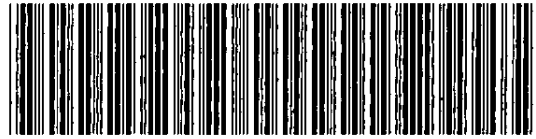
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400131344044

06/23/08--01016--003 \*\*125.00

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08 JUN 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

43888 400131344044

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: GRANT KNIGHT LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH G KNIGHT

(Name of Person)

(Firm/Company)

1010 N POWELL ST

(Address)

PLANT CITY, FL 33563

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH G KNIGHT

(Name of Person)

at ( 813 ) 967-6457

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 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)

Please refer to  
ref # W-08-000030449  
for payment.  
Thank you.

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

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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08 JUN 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2008

JOSEPH G. KNIGHT  
1010 N. POWELL ST.  
PLANT CITY, FL 33563

SUBJECT: GRANT KNIGHT LLC, INC.  
Ref. Number: W08000030449

We have received your document for GRANT KNIGHT LLC, INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please delete the suffix LLC from your corporate name. You cannot use a limited liability suffix and corporate suffix together in a corporate name.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

Letter Number: 808A00038132

FILED  
08 JUN 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

GRANT KNIGHT 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:

1010 N POWELL ST  
PLANT CITY, FL 33563

#### Mailing Address:

1010 N POWELL ST  
PLANT CITY, FL 33563

### 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:

JOSEPH G KNIGHT

Name

1010 N POWELL ST

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

PLANT CITY FL 33563

City, State, and Zip

*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

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TALLAHASSEE, FLORIDA

**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:**

MGR

JOSEPH G KNIGHT

1010 N POWELL ST

PLANT CITY, FL 33563

MGRM

MARSHA KNIGHT

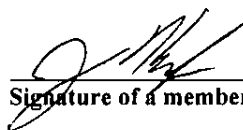
5698 SR 123

ARLINGTON, KY 42021

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JUNE 25, 2008. (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.)

**JOSEPH G KNIGHT**

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)**

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08 JUN 30 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA