L090000028521

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT MAR 2.4 2009
EXAMINER



800146429228

03/23/09--01021--015 **160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

9 MAR 23 PH 2: 13

>>

COVER LETTER

TO: Registration S Division of Co	Section orporations				
_{SUBJECT:} Knuckle	head Services, LLC				
	(Name of Lim	ited Liability Com	ралу)		
The enclosed Articles o	f Organization and fee(s) are	submitted for fili	ing.		
Please return all corresp	ondence concerning this ma	tter to the following	ng:		
Lance K. Pet	rik `				
		(Name of Person)			
		: (Firm/Company)			
		(1 min Company)			
35 River Roa	ad	<u> </u>			
		(Address)		SEC VIII	3
Grand View,	NY. 10960			AR A	-
		ty/State and Zip Co	dc)	SSE SE	
For further information	concerning this matter, pleas	se call;		3 PM 2: Y OF STA	7 70
Lance K. Petrik		at (845	667-9940	\$ 3	
(Name	of Person)		ode & Daytime Tele	phone Number)	
Enclosed is a check fo	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 File Certified Contact (additional contact)		\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
	Mailing Address Registration Section		Courier Address		

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 is:	
Knucklehead Services, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC,")
ARTICLE II - Address:	
	incipal office of the Limited Liability Company is:
	•
Principal Office Address:	Mailing Address:
2462 Flamingo Road	2462 Flamingo Road
Palm Beach Gardens, FL	Palm Beach Gardens, FL
33410	33410
00110	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regist	ered Agent. You must designate an individual or another
business entity with an active Florida registration.)	TA: 2
The name and the Florida street address of the re	egistered agent are: ALLAHASSE AHASSE
	AR I
Lance K. Petrik	ASS T
Name	AR 23 HARSSEE
2462 Flamingo Road	
	ress (P.O. Box NOT acceptable)
Palm Beach, FL, 33410	
City, State, a	FL SM &
City, State, a	ine sub

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lance K. Petrik
	2462 Flamingo Road
	Palm Beach Gardens, FL 33410
	2009 MAR 23 SECRE JARY TALLAHASSE
	SEE FL

(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.)

Lance K. Petrik

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)