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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

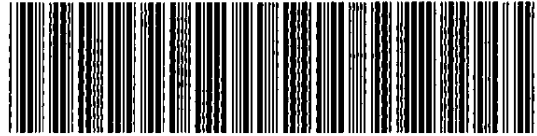
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09 MAY - 1 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 04 2009

EXAMINER

March 25, 2009

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: KNOP MARTIAL ARTS LLC.


Dear Sirs:

Enclosed herewith please find a check in the amount of \$125.00, representing fees for filing for the above proposed Limited Liability Company.

Please send the completed articles of organization to:

Mr. David Knop, Registered Agent
KNOP MARTIAL ARTS LLC.
3660 NW 64th Lane
Gainesville, Florida 32606

Sincerely,


Mr. David Knop
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a limited liability company hereby adopts the following Articles of Organization:

ARTICLE I - NAME

The name of the Limited Liability Company is KNOP MARTIAL ARTS LLC.

ARTICLE II - ADDRESS

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

David R. Knop
3660 NW 64th Lane
Gainesville, FL 32653

ARTICLE III - REGISTERED AGENT

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

Name: David Knop

Address: 3660 NW 64th Lane

City/State/Zip: Gainesville, FL 32653

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 Signature: ✓



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Member Signature: x

DSK

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.

Member Name: x

DAVID KNOP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA