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	Requestor's Name)	
(/	Address)	
	Address)	
· ·	,	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	· · · · · · · · · ·
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	

Office Use Only



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01/06/10--01035--018 \*\*155.00

Effective Date 01/05/2010

10 JAN -6 AN 10:48

SECRETARY OF STATE VISION OF CORPORATIONS

T. HAMPTON

JAN - 7 2010

**EXAMINER** 

# **COVER LETTER**

	tion Section of Corporations	
SUBJECT:	Knight I	Parking Systems, LLC
	<del></del>	ted Liability Company
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.
Please return all co	orrespondence concerning this ma	tter to the following:
	w	inston N. Curtis Name of Person
		Name of Person
<del> =</del> .	Knight F	Parking Systems, LLC
		Firm/Company
	850 North I	Miami Avenue #W-1004
		Address
	Mia	mi, Florida 33136
<u> </u>	Ci	ty/State and Zip Code
		is0525@yahoo.com for future annual report notification)
For further informa	ation concerning this matter, pleas	·
	inston N. Curtis Name of Person	_ at (305)416-9200 Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:	
_\$125.00 Filing F	Fee \$\int_\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	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

# Effective Date 01/05/2010

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FUR	FLORIDA LIMITED LIABILITY CUMPANY
ARTICLE I - Name: The name of the Limited Liability Company	is:
Knight Parking S	
(Must end with the words "Limited Lis	ability 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:
850 North Miami Avenue # W-1004 Miami, Florida 33136.	850 North Miami Avenue # W-1004 Miami, Florida 33136.
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Winston	N. Curtis
Nan	ne

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..

850 North Miami Avenue # W-1004 Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

Mlami, Florida 33136

(CONTINUED)

08, F.S. SEVERICA OF CORPORATIONS

### 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" = Mar		Name and Address:
	anaging Member	
MGRM_		Winston N. Curtis
		850 North Miami Avenue # W-1004
		Miami, Florida 33136
MGR		Elizabeth Pachon Curtis
		850 North Miami Avenue # W-1004
		Miami, Florida 33136.
	<del></del>	
(Use attachmer	nt if necessary)	
	nt if necessary)	04/05/0040
LE V: Effectiv	re date, if other than the o	date of filing:01/05/2010 (OPTION
LE V: Effective date is	re date, if other than the clisted, the date must be	date of filing: 01/05/2010 (OPTION specific and cannot be more than five business da
LE V: Effective date is days after the	re date, if other than the clisted, the date must be date of filing.)	
LE V: Effective date is days after the	re date, if other than the clisted, the date must be	specific and cannot be more than five business da
LE V: Effective date is days after the	re date, if other than the clisted, the date must be date of filing.)	
LE V: Effective date is days after the	re date, if other than the clisted, the date must be date of filing.)	specific and cannot be more than five business da
LE V: Effective date is days after the	re date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member  (In accordance with sect	or an authorized representative of a member.
LE V: Effective date is days after the	re date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member  (In accordance with sect of this document constitution)	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury
LE V: Effective date is days after the	re date, if other than the clisted, the date must be date of filing.)  SIGNATURE:  Signature of a member  (In accordance with sect	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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)