

L100000037419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

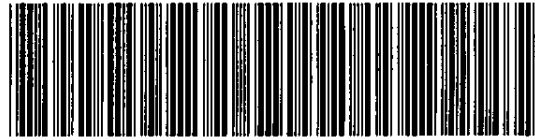
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR - 6 AM '10

T. HAMPTON

APR - 7 2010

EXAMINER

April 2nd, 2010

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

To Whom It May Concern;

Please find attached my "Articles of Organization" for a Florida Limited Liability Company in the name of "Knight Hawk Properties, LLC" along with my filing fee check in the amount of \$125.00.

Regards!

A handwritten signature in cursive script that reads "Samuel W. Blair".

Samuel W. Blair

1897 Grove Terrace
The Villages, FL. 32162
352 -751-2708

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Knight Hawk Properties,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:

1897 Grove Terrace

The Villages FL 32162

Mailing Address:

1897 Grove Terrace

The Villages FL 32162

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:

Samuel W Blair

Name

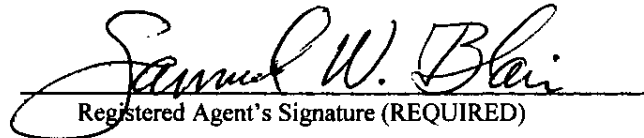
1897 Grove Terrace

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

The Villages FL 32162

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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DIVISION OF CORPORATIONS
10 APR -6 AM 10:55

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

Samuel W Blair

1897 Grove Terrace

The Villages, FL 32162

MGRM

Rose M Blair

1897 Grove Terrace

The Villages, FL 32162

(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.)

Samuel W Blair

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 APR - 6 AM 2015