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Effective Date 1/11/11

SECRETARY OF STATE DIVISION OF CONFORMATION

T. HAMPTON

DEC - 8 2010

EXAMINER

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KNIGHT Flooring 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:
Charles W KNIGHT  Name of Person
KNIGHT Flooring, LLC
Firm/Company  5531 Pitch Pine DR  Address
ORLANDO, F. 32819  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles W Kniett at (407) 721 2947  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy} (additional copy is enclosed)}\$\$
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Effective Date 1 11 11

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

ARTICLE I - Name: The name of the Limited Liability Company is:
KNIGHT Flooring, 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:  Mailing Address:
5531 Pitch PINE DR 5531 Pitch PINE DR
OPLANDO, FI 32819 OPLANDO, FI 32819
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:
Chaples W KNIGHT
5531 Pitch PINE DR
Florida street address (P.O. Box NOT acceptable)
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, E.S.
Registered Agent's Signature (REQUIRED)
(CONTINUED)
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:

MGRM	Chaples W KNIGHT 5531 PITCH PINE DR
	ORIANDO, FI 32819
	***************************************
Use attachment if necessary)	

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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)