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LEPARTMENT OF STATE OR STATE OR CORPORATIONS
TALLAHASSEEFFLORIDA

RECEIVED

SECNETARY OF STATE

B. BOSTICK

DUL - 7 2011

EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Levoy Knights JR. LL Name of Limited Liability Company	- <u>C</u>	
The enclosed Articles	of Organization and fee(s) are submitted for filing.		
Please return all corres	spondence concerning this matter to the following:		
	eroy Lnights Name of Person		
	9BZ KnotsLn		
	Tallahassee FL 32	30 3AE	
<del></del>	City/State and Zip Code	≥7	Commen
	E-mail address: (to be used for future annual report notification)		- 11
Chad	at ( 250) 66/-  Area Code & Daytime Tele	3080	U
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	<b>S</b>	

Division of Corporation 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

# The name of the Limited Liability Company is: Levo Lughts TR LLC (Must and 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:

**ARTICLE I - Name:** 

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nature: or another	
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	SECNE NAVOYEE FINE

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)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member $MGRM" = Managing Member$	Lovay Knights Jr 982/Knots Lu Tallahussee, FL 32303
	<u> </u>
(Use attachment if necessary)	
	late of filing: (OPTIONAL) specific and cannot be more than five business days prior
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.)

d 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)