

**L12000031430**

John Knispel

(Requestor's Name)

7834 Brookridge Dr.

(Address)

(Address)

Port Richey, Fl. 34668

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

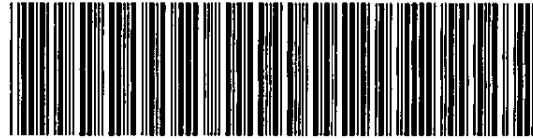
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800223465408

03/02/12---01022---004 \*\*160.00

EFFECTIVE DATE

3/1/12

FILED  
12 MAR -2 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan MAR -5 2012

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Knispel Home Services, 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:**

7834 Brookridge Drive  
Port Richey, FL 34668

**Mailing Address:**

7834 Brookridge Drive  
Port Richey, FL 34668

**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:

Rinker Property Maintenance, Inc.

Name

1540 W River Lane

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

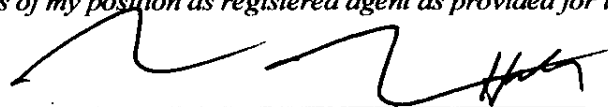
Tampa

FL 33603

City, State, and Zip

FILED  
12 MAR -2 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

John A Knispel  
7834 Brookridge Drive  
Port Richey, FL 34668

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2012. (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. I am aware that any false information submitted in a document to the Department of Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

John A Knispel

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)

FILED  
12 MAR -2 PM 2:49  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE