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(Requ	estor's Name)		
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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

Division of Corporations		1
4000 S/E 44th ave. LLC		. ′щ
SUBJECT: 4009 S/E 11th ave , 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:		
Gordon Knight		
Name of Person		
Firm/Company		
1221 Vollmers		
Address		
Commerce twsp. Michigan 48390		
City/State and Zip Code		
gordsequip@yahoo.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
7 of Tutilot infolination concerning this nation, product early		
Gordon Knight at (734) 516 1000 Name of Person Area Code & Daytime Telephone N		-
Name of Person Area Code & Daytime Telephone N	lumber	
Enclosed is a check for the following amount:		
Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	0.00 Filing 1 ificate of Sta ified Copy tional copy is o	atus &

Registration Section

TO:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	S:		
4009 S/E 11th ave, LLC			_
(Must end with the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited L	iability C	Company is:
Principal Office Address:	Mailing Address:		
4821 s . Landings Dr.# 106 Ft Myers, Florida 33919	1221 Vollmers, Commerce Michigan 48390	e twsp.	-
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerest sentity with an active Florida registration.)	istered Agent. You must designate an indiv		
The name and the Florida street address of the	registered agent are.		
Gordon Knight	^		
Nam	e		
4821 S. Landings dr. # 1			
	ddress (P.O. Box <u>NOT</u> acceptable)		
Ft. Myers	_{FL} 33919		***
City, S	State, and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	n this certificate, I hereby accept to ity. I further agree to comply wit performance of my duties, and I a	he appoir h the pro m familia	ntment as visions of al ar with and
	\vee	ΤAS ·	
1		LCK ECK	N manage
Registered Agent's Sign	ature (REQUIRED)	S.≱ r	25
(CONTI	NUED)	OF S	
. Page 1 or	f2	TATE	

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

'MGR" = Manager 'MGRM" = Managing Member	
1GRM	Gordon Knight
	4821 S, Landings dr, # 106
to a see a do to a see a to	FT. Myers Florida, 33919
MGR	Kathy Knight
	1221 Vollmers . Commerce twsp, Michigan. 48390
<u></u>	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: MAY 29 /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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

Gordon Knight

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)