

Florida Department of State
Division of Corporations
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To:
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From:
 Account Name : BUSINESS FILINGS
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Knightmlk@hotmail.com

FLORIDA LIMITED LIABILITY CO.
knight's personal home care PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
knight's personal home care PLLC**

ARTICLE I NAME

The name of the limited liability company shall be: knight's personal home care PLLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
1850 60th Street North, Saint Petersburg, Florida 33710.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V PURPOSE

The purpose for which this limited liability company is organized: Home health business to take care of patients with home health needs, helping with activities of daily living (ADLs).

ARTICLE VI MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the names and addresses of the members of the Limited Liability Company are:

Michael Linn Knight, 1850 60th Street North, Saint Petersburg, Florida 33710
Kelli Lyn Knight, 1850 60th Street North, Saint Petersburg, Florida 33710



Date: October 24, 2013

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
608-827-5300

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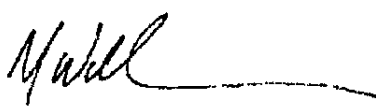
CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: knight's personal home care PLLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E.
Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated
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.


Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: October 24, 2013

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