

L15000122407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

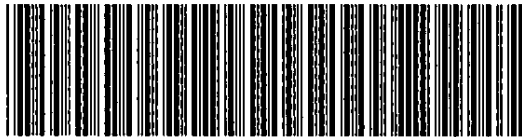
(Document Number)

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Certificates of Status ☒

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07/10/15--01017--017 \*\*130.00

**EFFECTIVE DATE**  
7-7-15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUL 10 PM 3:48

FILED

JUL 22 2015

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Knight Concierge and Protection Services, 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:

Winston N. Curtis

Name of Person

Knight Concierge and Protection Services, LLC

Firm/Company

2889 McFarlane Road, Garage B-1/B-2

Address

Miami, FL 33133

City/State and Zip Code

winston@knightparking.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Winston N. Curtis

305

443-0810

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☒

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2015

WINSTON N CURTIS  
2889 MCFARLANE RD, GARAGE B-1/B-2  
MIAMI, FL 33133

SUBJECT: KNIGHT CONCIERGE AND PROTECTION SERVICES, LLC  
Ref. Number: W15000047702

We have received your document for KNIGHT CONCIERGE AND PROTECTION SERVICES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 115A00014928

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Knight Concierge and Protection 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:

2889 McFarlane Road, Garage B-1/B-2  
Miami, FL 33133.

Mailing Address:

2889 McFarlane Road, Garage B-1/B-2  
Miami, FL 33133.

**EFFECTIVE DATE**

7-7-15

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:

Winston N. Curtis

Name

2889 McFarlane Road, Garage B-1/B-2

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

Miami

FL

33133

City

State

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

WINSTON N. CURTIS

2889 MCFARLANE ROAD, GARAGE B-1/B-2

MIAMI, FL 33133.

(Use attachment if necessary)

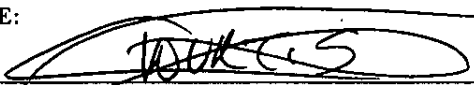
**ARTICLE V:** Effective date, if other than the date of filing: 07-07-2015 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

WINSTON N. CURTIS

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)