

# L15000200001

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

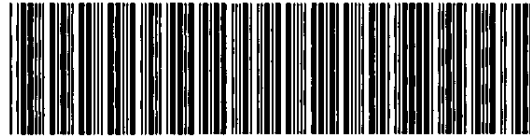
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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*Effective 11/17/2015*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 3 2015

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Y-Knott Renovate, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher A. Roche

Name of Person

Law Office of Christopher A. Roche

Firm/Company

229 N. Collier Blvd

Address

Marco Island, FL 34145

City/State and Zip Code

Croche@marcolawoffice.com

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

For further information concerning this matter, please call:

Christopher A. Roche

at ( 239 ) 389-0700

Name of Person

Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00	<input type="checkbox"/> \$130.00	<input type="checkbox"/> \$155.00	<input type="checkbox"/> \$160.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy (additional copy is enclosed)	Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Street/Courier Address:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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TALLAHASSEE, FL  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

**ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

Y-Knott Renovate, 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:**

854 Hideaway Circle  
Marco Island, FL 34145

**Mailing Address:**

854 Hideaway Circle  
Marco Island, FL 34145

**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:

Christopher A. Roche

Name

229 N. Collier Boulevard

Florida Street Address (P.O. Box **NOT** accepted)

Marco Island

FL

34145

City

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)

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**ARTICLE IV -**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address**

MGR

John C. Miltz  
854 Hideaway Circle  
Marco Island, FL 34145

MGR

Catherine K. Miltz  
854 Hideaway Circle  
Marco Island, FL 34145

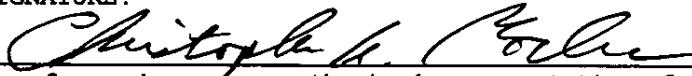
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing November 17, 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.)

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

**REQUIRED SIGNATURE:**



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of the 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.)

Christopher A. Roche

Typed or printed name of signer

**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)

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