

# L16000025270

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

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

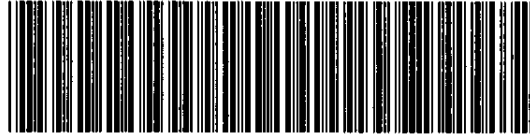
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(Document Number)

Certified Copies \_\_\_\_\_

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DIVISION OF CORPORATIONS  
15 JAN 28 PM 3:14

*02/05/16*

BCC

BURKE COSTANZA & CARBERRY LLP

ATTORNEYS AT LAW

January 27, 2016

George W. Carberry  
Merrillville Office

Via UPS Delivery

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

*Re: Knob Hill Properties, LLC  
Our File: 5114.0001*

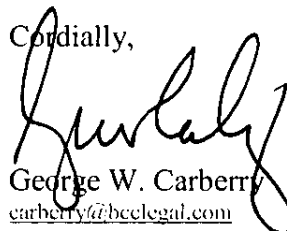
Dear Sir or Madam:

Enclosed are a cover letter and Articles of Organization in duplicate for Knob Hill Properties, LLC, together with a check in the amount of \$125.00.

Please return the original, filed Articles of Organization to me in the self-addressed, stamped envelope provided.

If you have any questions, please call me.

Cordially,



George W. Carberry  
[carberry@bcclegal.com](mailto:carberry@bcclegal.com)

GWC/ac  
Enclosure

Advisors you want. **Advocates you need.**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** KNOB HILL PROPERTIES, 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:

Diane D. Kalmbach

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2301 Manchester Drive

\_\_\_\_\_  
Address

Valparaiso, IN 46385

\_\_\_\_\_  
City/State and Zip Code

dianekalmbach@gmail.com

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

For further information concerning this matter, please call:

George W. Carberry

219

769-1313 ext. 103

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KNOB HILL PROPERTIES, 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:**

2301 Manchester Drive  
Valparaiso, IN 46385

**Mailing Address:**

2301 Manchester Drive  
Valparaiso, IN 46385

**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:

Michael Weppner

Name

601 S. Federal Hwy., #100

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

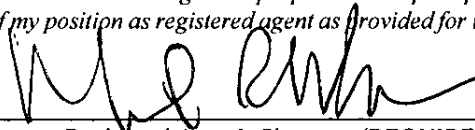
Boca Raton, FL 33432

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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 JAN 29 PM 3:14

**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:**

\_\_\_\_\_  
\_\_\_\_\_  
AMBR

\_\_\_\_\_  
\_\_\_\_\_  
Diane D. Kalmbach  
2301 Manchester Drive  
Valparaiso, IN 46385

AMBR

\_\_\_\_\_  
Thomas K. Kalmbach  
2301 Manchester Drive  
Valparaiso, IN 46385

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**

*Diane D. Kalmbach*

**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.

Diane D. Kalmbach  
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)

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DIVISION OF CORPORATIONS  
16 JAN 28 PM 3:16

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

KNOB HILL PROPERTIES, 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:**

2301 Manchester Drive  
Valparaiso, IN 46385

**Mailing Address:**

2301 Manchester Drive  
Valparaiso, IN 46385

**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:

Michael Weppner

Name

601 S. Federal Hwy., #100

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

Boca Raton, FL 33432

City

State

Zip

*I 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)

FILED  
SECRETARY OF STATE  
ALABAMA DIVISION  
16 JUL 28 PM 3:14

**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:**

\_\_\_\_\_

\_\_\_\_\_

AMBR \_\_\_\_\_

Diane D. Kalmbach \_\_\_\_\_

2301 Manchester Drive \_\_\_\_\_

Valparaiso, IN 46385 \_\_\_\_\_

AMBR \_\_\_\_\_

Thomas K. Kalmbach \_\_\_\_\_

2301 Manchester Drive \_\_\_\_\_

Valparaiso, IN 46385 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Diane D. Kalmbach*

**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.

Diane D. Kalmbach

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)

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