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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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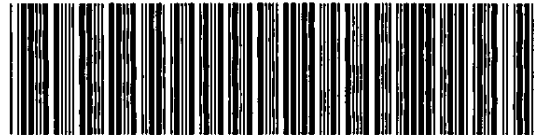
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 SEP 14 AM 6:39
SPECIALTY
TALLAHASSEE, FLORIDA

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September 12, 2016

VIA FEDERAL EXPRESS

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

Re: Articles of Organization

Gentlemen:

Enclosed please find Articles of Organization for filing with the Florida Department of State's office for the following company:

KNIGHT-TIME PROPERTIES, LLC

I have enclosed a check in the amount of \$155.00 payable to the Florida Department of State in payment of the filing fees of \$125.00 and the designation of registered agent fee and \$30.00 for a certified copy of the Articles. Please return the certified copy of the Articles of Organization at your earliest convenience.

Should you have any questions regarding these enclosures, please do not hesitate to contact either myself or Mr. Korey.

Very truly yours,



Michele Werner Walker, Legal Assistant to
ROBERT KIT KOREY, ESQUIRE

RKK:mww
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KNIGHT-TIME 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:

866 Quail Run
Ormond Beach, FL 32174

Mailing Address:

866 Quail Run
Ormond Beach, FL 32174

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:

Timothy P. Knight
Name

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

<u>Ormond Beach</u>	<u>FL</u>	<u>32174</u>
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)

16 SEP 16 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

TIMOTHY P. KNIGHT

866 Quail Run

Ormond Beach, FL 32174

ALFREDA D. KNIGHT

866 Quail Run

Ormond Beach, FL 32174

(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:

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.

TIMOTHY P. KNIGHT / ALFREDA D. 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)

STATE OF FLORIDA
DEPARTMENT OF STATE
16 SEP 16 AM 8:39