

L17000255570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

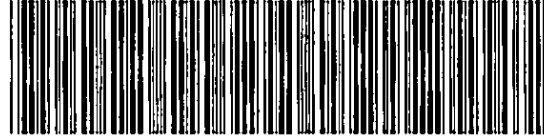
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H. Roark
12/14/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 22, 2017

JERROME GUILFORD
P.O. BOX 5591
GAINESVILLE, FL 32627

SUBJECT: KNIGHT RAVEN ENTERPRISES, LLC
Ref. Number: W17000093240

This will acknowledge receipt of your name reservation request. However, your request has not been granted and is being returned for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation required by Florida Statutes.

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of member.

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

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

Keyna E Page
Regulatory Specialist II

Letter Number: 117A00023727

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Knight Raven Enterprises, L.L.C.
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:

Jerrome Guilford

Name of Person

Knight Raven Enterprises, "LLC."

Firm/Company

PO Box 5591

Address

Gainesville, FL 32627

City/State and Zip Code

jguilford@knightraven.com

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

For further information concerning this matter, please call:

Jerome Guilford

352

665 - 4876

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:

Knight Raven Enterprises, L.L.C.

(Must contain 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:

1450 SW 25th Place
Gainesville, FL 32608

Mailing Address:

PO Box 5591
Gainesville, FL 32627

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.)

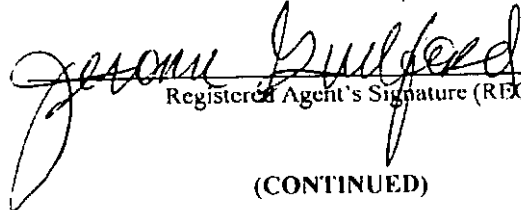
The name and the Florida street address of the registered agent are:

JEROME Guilford
Name

1450 SW 25th PLACE
Florida street address (P.O. Box **NOT** acceptable)

GAINESVILLE, FL 32608
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)

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TALLAHASSEE, FLORIDA

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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

Name and Address:

Jerome Guilford
1450 SW 25th Place
Gainesville, FL 32608

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2017 (OPTIONAL)

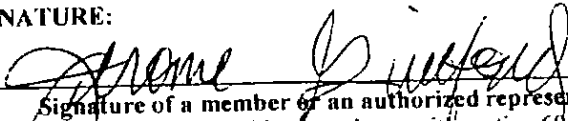
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

N/A

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 Statute.
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.

Jerome Guilford

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)