

L180000257734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

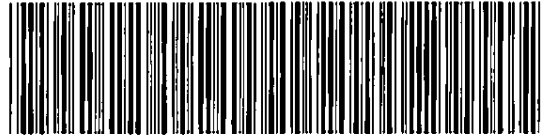
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100320619791

11/07/18--01001--010 **125.00

18 NOV -6 PM 4:31
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KNOWLES GLOVER ENTERPRIZE 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:

RONALD GLOVER
Name of Person

1516 DANIEL LEERD
Address

TALL FLA 32305
City/State and Zip Code

RONALDGLOVER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALDGLOVER at (850) 5915315
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

FILED
2018 NOV -6 11:4:51
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KNOWLES ENTERPRIZE LLC
(Must be followed by 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:

Mailing Address:

1516 DANIELLE RD PO Box 105
WOODBURN FLA WOODBURN FLA
32305

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:

RONALD FLOVER
Name
1516 DANIELLE RD
Florida street address (P.O. Box NOT acceptable)
TALL FLA 32362
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.

RONALD FLOVER
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2010 NOV -6 PM 4:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

RONALD CLOVER

1516 DANIELLEERD

WOODVILLE FLA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/6/18 (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:

RONALD CLOVER

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.

RONALD CLOVER

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)

FILED
2018 NOV -6 11:41:51
CLERK OF THE COURT
ALABAMA

L18 000 257734

I Ronald Glover will not reinstate ~~ROBERT~~ KNOWLES & GLOVER

Document number ~~L170000~~ 1293

And will file a new filing with the same name.

FILED
2013 NOV - 5 11:16 AM
V: 3HASSEY CIA
TOMP