## 49000233748

	(Requestor's Name)	_
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of 9	Status
Special Instructions to Filing Officer:		

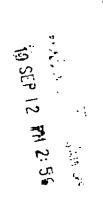
Office Use Only

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## **COVER LETTER**

19 SEP 12 PM 2: 56

TO: New Filing Section
Division of Corporations

SUBJECT: Knight Time Enterprises

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:

Rodney Knighton Sr.

Name of Person

Name of Person

Knight Time Enterprises

Firm/Company

6521 NW 54 th Court

Address

Lauderhill, Florida 33319

City/State and Zip Code

K Time Ent @ gmail. Com

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

For further information concerning this matter, please call:

Rame of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

.

\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status \$ 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

A Commence

ARTICLE I - Name:

The name of the Limited Liability Company is:

19 SEP 12 PM 2: 56

Knight Time Enterprises "LLC."

(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:	Mailing Address:	
Knight Time Enterprises	Same as Principal Office	
6521 pw S4 th Court Lander hill FC 33319		
<u></u>	<del>-</del>	

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:

Name

6521 Nw 54 th Court

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

Lauderhill FL 33319

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)

ARTICLE IV-	2.56
The name and address of each per	son authorized to manage and control the Limited Liability Company 56
<u>Title:</u> "AMBR" ≠ Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Rodney Knighton St.
	Lauderhill, FL 38319
AMBR	Rodney Knichtan To
<u> </u>	6521 pw sy the Court
AMBR	Lander hill, FC 333/9
AMBR	Shelita P. Knighton
	6521 pw 54 th Court
	<u> </u>
	<del></del>
(Use attachment if necessary)	
(Ose attachment if necessary)	
	he date of filing:
(if an effective date is fisted, the date mus the date of filing.)	t be specific and cannot be more than five business days prior to or 90 days after
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depar	tment of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	11 1
1	M.A
Signature	of a member or an authorized representative of a member.
I am aware that a	executed in accordance with section 605.0203 (1) (b). Florida Statutes, my 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.
	Typed or printed name of signee
	i voca 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)