

7/6/23, 8:44 AM

Division of Corporations

L230002317845

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813) 436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
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CORPORATIONS
COMMERCIAL
SERVICES

**FLORIDA LIMITED LIABILITY CO.
Knockout Installations LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2023 JUL -6 PM 1:49
FALLA ASSOCIATES
TALLAHASSEE

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Knockout Installations 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:

1520 Pearl Street
Nokomis, FL 34275

Mailing Address:

1520 Pearl Street
Nokomis, FL 34275

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:

Registered Agents Inc

Name

7901 4th St N STE 300

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

St. Petersburg

Florida

33702

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.

David Greis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Brody Baughman

1520 Pearl Street

Nokomis, FL 34275

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

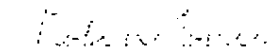
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

(see last page for name resolution)

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.

Robin Jones

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)

Name Resolution

I, Brody Baughman, last member and authorized person of Knock Out Installations LLC, acting on behalf of the company, authorize Robin Jones of Registered Agents Inc. to file the name "Knockout Installations LLC", a Florida Limited Liability Company for use in the State of Florida.

I acknowledge that the original Knock Out Installations LLC, L22000259384, has been dissolved, and I have no intentions to reopen it.

Dated this 3rd day of July, 2023.



Brody Baughman, Authorized Member

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FALL ADMINISTRATIVE