## L24000130998

(Requestor's Name)
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PICK-UP WAIT MAIL
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100424520361

02/28/24--01024--008 46125.00





TJH 3124/24

## COVER LETTER

	ing Section of Corporations			
SUBJECT:	KNO IN	VESTMENTS L	10	
	Name of Lin	nited Liability Company		
The enclosed Arti	icles of Organization and fee(s) are	e submitted for filing.		
Please return all c	correspondence concerning this ma	atter to the following:		
	STEPHEN.	A OLIVIER		
		Name of Person		
	Firm/Company			
	686 BRUSH	+ FOUT DRIVE	-	
		H FOUT DRIVE Address		
	SEBASTAN,	FL 32958	,	
	STPOLINIED 6	ity/State and Zip Code  COMCAST. NET		
<del></del>		for future annual report notificati	ion)	
For further informa	ition concerning this matter, please	e call:		
CAFOUR	En A Rivika	ED 020-0	169	
3/ <u>0-m</u>	Name of Person A	rea Code Daytime Telephon	e Number	
Enclosed-is a chec	ck for the following amount:			
<b>2</b> S125.00 Filing	_	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section	Street Address New Filing Section Di	ivision	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KNO INVESTMENTS, 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:	Mulling Address:
686 BRUSH FOOT DRIVE	696 BRUSH FOOT DRIVE
SEBANTIAN, FL 32958	SEBASTIAN, FL 32958

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Name

Name

OSTEPHEN A. OLIVIER

Name

OSTEPHEN A. OLIVIER

Name

Name

OSTEPHEN A. OLIVIER

Name

Name

SECULATION FLOOT DRIVE

SERSTIAN FL 32958

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Am BR	STEPIHEN A. OLIVIER  BEL BRUSH FOST DRIVE  STERNITHEN, FL 32858
AMBR	ROBIN A. OLIVIER  CHE BRUSH FOOT DRIVE  SEBASTIAN, FL 32958
AMBR	KAITLIN N. OLIVIKA 686 BRUH FOUT PRIVE SEASTIAN, FL 32958
MGR	STEPHEN A. OLIVIER  6PG BRUSH FOUT DRIVE  SEBASTIAN, 5-2 32958
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Staller
This document is ex I am aware that any	n member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, talse information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
·	TEPHEN A. OLIVIER

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)