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For. LLC

03/23/15--01025--008 **125.00

M15-2692



APR 15 2015 N. CAUSSEAUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Knight Smith Holdings, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Linda Esposito
Name of Person
Name of Felson
Knight Smith Holdings, LLC
Firm/Company
5057 Turnpike Feeder Road
Address
Fort Pierce, FL 34951-2246
City/State and Zip Code
t.capobianco@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Esposito

..772

467-4329

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose of trans Liability Company," "L.L.C," or "LLC.")	sacting business in Florida. The alternate name must include "Limited
•	45-5006420
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. None	是然 5
(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)
_{5.} 5057 Turnpike Feeder Rd.	50 P
Fort Pierce, FL 34951-2246	70 R
(Street Address of	Principal Office)
_{6.} 5057 Turnpike Feeder Rd.	P
Fort Pierce, FL 34951-2246	
(Mailing	Address)
7. The name, title or capacity and address of the person	n(s) who has/have authority to manage is/are:
Vernon D. Smith, Mgrm 5057 Turnpike	Feeder Rd., Fort Pierce, FL 34951
Brenda K. Smith, Mgrm 5057 Turnpike	Feeder Rd., Fort Pierce, FL 34951
Heather A. Smith, Mgr 5057 Turnpike	Feeder Rd., Fort Pierce, FL 34951
Christopher D. Smith, Mgr 5057 Turnpik 8. Attached is an original certificate of existence, no mo having custody of records in the jurisdiction under the la acceptable. If the certificate is in a foreign language, a transit be submitted)	re than 90 days old, duly authenticated by the official aw of which it is organized. (A photocopy is not anslation of the certificate under oath of the translator
	nuthorized person tes an affirmation under the penalties of perjury that the facts stated herein are true.

Typed or printed name of signee

Vernon D. Smith

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name	of the	Limited	Liability	Company	/ is:
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Knight Smith Holdings, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Vernon D. Smith (Name) 5057 Turnpike Feeder Rd. Florida Street Address (P.O. Box NOT ACCEPTABLE) Fort Pierce, 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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "KNIGHT SMITH HOLDINGS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE ELEVENTH DAY OF MARCH, A.D. 2015.



5113266 8300

150340233

AUTHENTY CATION: 2190568

DATE: 03-11-15

You may verify this certificate online at corp.delaware.gov/authver.shtml