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### **COVER LETTER**

Registration Section
Division of Corporations

TO:

UBJECT: Name of Limited Liability Company						
The enclosed Existence, and	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authorization to Transact Business in Florida," Certificate or referenced foreign limited liability company to transact business in Florida				
lease return	all correspondence concerning this matter to	o the following:				
	Justin A Meyer					
Name of Person  Rosenthal Meyer, PLLC						
3801 Avalon Park E Blvd, Suite 360						
		Address				
	Orlando, FL 32828					
	C	ity/State and Zip Code				
	jmeyer@rosenthalmeyer.com					
	E-mail address: (to be	e used for future annual report notification)				
For further in	formation concerning this matter, please cal	II:				
Just	in A Meyer	407 504-9725 at (				
	Name of Contact Person	Area Code Daytime Telephone Number				
Reg Div P.O	ling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Plea	losed is a check for the following amount: use make check payable to: FLORIDA DEF 125.00 Filing Fee	e &   S155.00 Filing Fee &   S160.00 Filing Fee, Certificate				

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

IN COMPLIANCE WITH SECTION 605.(1902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Knightly, LLC (Name of Foreign I	Limited Liability Company; must include "Limited	Liabilit	y Company," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The	alternate name must include "Limited Liabi	ility Company," "L.L.C," or "LLC.")	
Virginia		1			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)		
4	(Date first transacted business in Florida, if prior to r (See sections 605,0904 & 605,0905, F.S. to determine	egistratio	n.)	<u> </u>	
4525 South Blvd Stc 203			4525 South Blvd Ste 203		
5(Street Address of Principal Office)			(Mailing Address)	20°	
Virginia Beach, VA 23452			Virginia Beach, VA	77	
				`	
7. Name and street addres	· <del></del>				
<del></del> -				>>	
Name:	Rosenthal Meyer, PLLC				
Office Address:	3801 Avalon Park E Blvd Ste 360				
Office Address.	Orlando		32828 , Florida		
	(City)		(Zip code)		

Registered agent's acceptance:

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: Kelly Knight □Manager Name: **■** Manager Address: 4525 South Blvd Ste 203 □Member Address: \_\_\_\_\_ □Member Virginia Beach, VA 32452 ☐ Authorized ☐ Authorized Person Person □ Other □ Oth □Other\_\_\_\_\_ □Other Name: Sheila Knight Name: \_\_\_\_\_ □ Manager ■Manager 4525 South Blvd Ste 203 Address: \_\_ Address: □Member ☐ Member Virginia Beach, VA 32452 ☐ Authorized □ Authorized Person Person □Other Other\_\_\_\_ Other \_\_\_\_\_ Other\_\_\_\_ Name: Alfred Knight Name: \_\_\_\_\_ ☐ Manager ■ Manager Address: 4525 South Blvd Ste 203 Address: ☐ Member □Member Virginia Beach, VA 32452 ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_\_ □Other \_\_\_\_\_ Other\_\_\_\_ Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. 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.

Typed or printed name of signee

Kelly Knight

# Commonwealth & Hirginia



## State Corporation Commission

#### CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Knightly, LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on December 21, 2022; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.

OC JANAS SION 1903

Signed and Sealed at Richmond on this Date:

August 11, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2023081119110691