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Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
A Kings Touch of Jacksonville FL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

K. SALY  
EXAMINER  
OCT 25 2012

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

A KINGS TOUCH OF JACKSONVILLE FL, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

7005 CAMFIELD STREET  
JACKSONVILLE, FLORIDA 32222

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

JANE BALLARD  
8620 NW 13TH STREET #331  
GAINESVILLE, FLORIDA 32653

Having been named as registered agent 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 608, F.S.

x   
JANE BALLARD / Registered Agent's signature

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PAGE 2     A KINGS TOUCH OF JACKSONVILLE FL, LLC

**ARTICLE IV     MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V     MEMBERS**

MANAGING MEMBER

JEFFERY W KING

7005 CAMFIELD STREET

JACKSONVILLE, FLORIDA 32222

.....



X. \_\_\_\_\_  
Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.

JEFFERY W KING

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