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Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone: (215)563-8113

Phone : (215)563-8113 Fax Number : (215)977-9386 RECEIVED

#### LIMITED LIABILITY COMPANY

J.P. Kirk Enterprises, LLC

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Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu.

Corporate Filling

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is: J.P	. Kirk Enterprises, LLC
ARTICLE II - Address:	
The mailing address and street address of the princips	d office of the Limited Liability Company is:
n to to tomor kildures	Martine Address
Principal Office Address:	Mailing Address:
8657 Tara Oaks Court	8657 Tara Oaks Court
Orlando, FL 32836	Orlando, FL 32836
ARTICLE III - Registered Agent, Registered Offic	o & Degistered Agent's Signature
ARTICLE III - Register ett Agent, Register ett Offic	e, a registered agent s diguature.
The name and the Florida street address of the registe	red agent are:
W. Bradley Munroe, Esqui Name	re
239 E. Virginia Street	
Florida street address (P.O. Box j	NOT acceptable)
Tallahassee FL	32301
City, State, and 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 608, F.S..

Registered Agent Signiture

(CONTINUED)

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(1872 A) = -		Nama and Address.		
Title: "MGR" = Manage		Name and Address:		
"MGRM" = Manage				
1110141	5			
MGR	<b></b>	John Kirk		
		3353 West Chester Pike, #330	_	
		Newtown Square, PA 19073	<b></b> .	
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REQUIRED SIG	NATURE.			
AUQUIED 510	MAI OIGS.			
	1	Carte and		
	KARNA	Plan	-	
	Signature of a member	or an authorized representative of a member.		
		ion 608.408(3), Florida Statutes, the execution	27. 27.	0
	of this document constitu- that the facts stated here	ites an affirmation under the penalties of perjury		$\omega$
	that the lacts suited here	m mo tradij	(7.7.	
	Robert Worthing	et on , Authorized Person ed or printed name of signed		
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		Filing Fees:	* 1 .	**************************************
		\$100.00 Filing Fee for Articles of Organization	7	=
		\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)		
		\$ 5.00 Certificate of Status (Optional)	±.	_
			72	

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