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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BKT PRO SERVICES, Ltd. Co.			
(Name of Limited Liability Company)			
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Brian S. Cook			
(Name of Person)			
BKT PRO SERVICES, Ltd. Co.			
(Firm/Company)	ALI SEI	유	
1294 SW Vizcaya Circle	AHA		
(Address)	1SS XXX	9	
Palm City, Florida 34990-1961	H-	AM   : 34	
(City/State and Zip Code)	LOR	$\ddot{\omega}$	Carp
For further information concerning this matter, please call:	IDA.	£	
Brian S. Cook at (772 ) 781-0407			
(Name of Person) (Area Code & Daytime Telephone Number	r)		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BKT PRO SERVICES, Ltd. Co.	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1294 SW Vizcaya Circle	1294 SW Vizcaya Circle
Palm City, Fl., 34990-1961	Palm City, Fl., 34990-1961
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered  Brian S. Cook  Name  1294 SW Vizcaya Circle  Florida street address (P.O. Box NO)  Palm City,  FLO  City, State, and Zip	d agent are:  CCRE VALUE OF SHIP  LLAHASSEE, FLO

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Manager or Managing Member is as follows:  Name and Address:
"MGRM"	Brian S. Cook
	1294 SW Vizcaya Circle
	Palm City, Fl., 34990-1961
	<del> </del>
(Use attachment if necessary)	7.c
	<u> </u>
NOTE: An additional auticio	
NOTE: An additional article	must be added if an effective date is requested,
REQUIRED SIGNATURE;	
Birden	er or an authorized representative of a member.
Signature of a member	er or an authorized representative of a member. $Q_{\Gamma}$
(In accordance with se of this document const that the facts stated he	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Prion S. Cook	

<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee