

W04000088939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

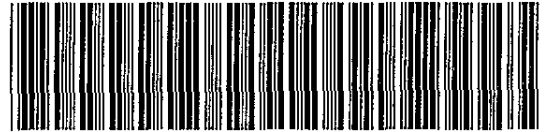
(Document Number)

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**MJH**

FILED  
04 DEC -3 PM 5:15  
TALLAHASSEE, FLORIDA

## **COVER LETTER**

RE: Enclosed please find the necessary documents to form a Florida Limited Liability Company pursuant to Chapter 608 of the Florida Statutes.

Mr. Larry L. Berenger  
2857 Highland View Circle  
Clermont, Florida 34711  
(352)-243-0990

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JKL Ventures, LLC  
(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:

W. Richard Hair Field  
(Name of Person)

Hair Field, Morton, Watson & Adams, PLC  
(Firm/Company)

Bon Air Professional Bldg., Suite 201  
(Address)

Richmond, Virginia 23235-2453  
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry L. Berenger at (352) 243-0990  
(Name of Person) (Area Code & Daytime Telephone Number)

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 (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

JKL Ventures, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

2857 Highland View Circle  
Clermont, FL 34711

2857 Highland View Circle  
Clermont, FL 34711

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

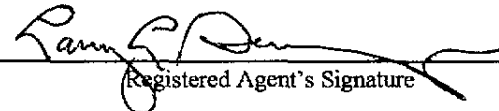
The name and the Florida street address of the registered agent are:

Larry L. Berenger  
Name

2857 Highland View Circle  
Florida street address (P.O. Box **NOT** acceptable)

Clermont FL 34711  
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's Signature

(CONTINUED)

FILED  
04 DEC -3 PM 5: 15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Karen L. Gasparini  
2111 Galloway Terrace  
Midlothian, VA. 23113

MGRM

Jeffrey P. Gasparini  
2111 Galloway Terrace  
Midlothian, VA. 23113

MGRM

Larry L. Berranger  
2857 Highland View Circle  
Clermont, FL. 34711

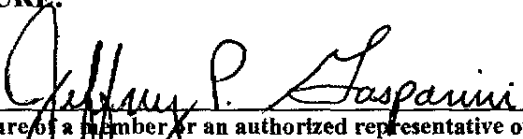
MGR

Karen Holt  
8575 Chantwood Road  
Quinton, VA 23141

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Jeffrey P. Gasparini  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

**Title:**

**Name and Address:**

**"MGR" = Manager**

**"MGRM" = Managing Member**

MGRM

Kevin F. Holt

8575 Clintwood Road

QUINTON, VA. 23141