## 050000 29791

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PICK-UP WAIT MAIL			
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### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: K.J.M., LLC		
	I Liability Company)	·
The enclosed Articles of Organization and fee(s) are so	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
KIM V. JONES		
4)	Name of Person)	
	Time/Commany)	
(t	Firm/Company)	
1224 NW 30TH PLACE	(Address)	
	(Address)	
0.000 0.000 51 00000		
CAPE CORAL, FL 33993	State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
· ·	,	<b>-</b> 7 ~ ~ ~
For further information concerning this matter, please of	call:	)005 SEC
	230 00	SECRETAR 24 AM II:
KIM V. JONES (Name of Person)	at (007) 083 (Area Code & Daytime Te	elephone Number)
(	( coat as Bajvillo 14	mc.
Enclosed is a check for the following amount:	•	
\$125.00 Filing Fee Status \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee Control Status & Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	DDRESS:
Registration Section	Registration Section	
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

K.J.M., LLC	
ARTICLE II - Address:	
	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
rimcipal Office Address.	Maning Address.
1224 NW 30TH PLACE	1224 NW 30TH PLACE
CAPE CORAL, FL 33993	
	CAPE CORAL, FL 33993
ARTICLE III - Registered Agent, Regi	4 A OSC - 0 Paristand A - 42 Simulation
ARTICLE III - Registered Agent, Regi	4 A OSC - 0 Paristand A - 42 Simulation
ARTICLE III - Registered Agent, Registered address o	stered Office, & Registered Agent's Signature:  PARCE CARE ARE ARE ARE ARE ARE ARE ARE ARE ARE
ARTICLE III - Registered Agent, Registered address o	stered Office, & Registered Agent's Signature:  PARCE CARE ARE ARE ARE ARE ARE ARE ARE ARE ARE
ARTICLE III - Registered Agent, Registered Agent	stered Office, & Registered Agent's Signature:  PARCE CARE ARE ARE ARE ARE ARE ARE ARE ARE ARE
ARTICLE III - Registered Agent, Registered Agent	stered Office, & Registered Agent's Signature:  Office the registered agent are:  Name

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)

# SECRETARY IN

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

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

The name and address of each Manager	of Wallaging Welloci is as follows.			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR	KIM V. JONES			
	1224 NW 30TH PLACE	_		
	CAPE CORAL, FL 33993	_		
MGR	JAMES E. MILLER			
	6666 BARKER RD.	_		
	SHELBY, OH 44875	_		
		_		
		_		
		_		
		_		
(Use attachment if necessary)				
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:	3-22-05	-		
Signature of a member or	an antiforized representative of a member.	-		
(In accordance with section	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury	} i		
KIM V. JONES	HASSA -			
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)