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T. Brumbley MAR 3 1 2005

TRANSMITTAL LETTER

;

Tallahassee, Florida 32399

TO: Registration S Division of C			
SUBJECT:	JK3 SYSTEMS, LLC		
	(Name of Limite	ed Liability Company)	
	of Organization and fee(s) are s		
	JOHN F. KLEIST I		
	(Name of Person)	
	JK3 SYSTEMS, LLC		
		(Firm/Company)	
	790 WILDBRIAR DR	IVE #202	
		(Address)	
•	PALM BAY, FL 32	905	
		/State and Zip Code)	
For further information	n concerning this matter, please	call:	05 HER 30
JOHN F. KLEIS	ST III	at (412)512-8	3281
(Nan	ne of Person)	at (412) 512-8 (Area Code & Daytime To	* * * * * * * * * * * * * * * * * * * *
Enclosed is a check	for the following amount:		e 29 Lorida
□ \$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)
Regi Divi:	EET ADDRESS: stration Section sion of Corporations E. Gaines Street	MAILING A Registration S Division of Co P.O. Box 632	ection orporations

Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 14, 2005

JOHN F. KLEIST, III JK3 SYSTEMS, LLC 790 WILDBRIAR DR #202 PALM BAY, FL 32905

SUBJECT: JK3 SYSTEMS, LLC Ref. Number: W05000013186

We have received your document for JK3 SYSTEMS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 605A00017387

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

JK3 SYSTEMS,	LLC	
ARTICLE II - Addr		
The mailing address a	and street address of the	he principal office of the Limited Liability Comp
Principal Office Add	dress:	Mailing Address:
790 WILDBRIAR D	DRIVE #202	790 WILDBRIAR DRIVE #202
PALM BAY, FL 3		ered Office, & Registered Agent's Signature:
PALM BAY, FL 3	istered Agent, Regist	ered Office, & Registered Agent's Signature: the registered agent are:
PALM BAY, FL 3	istered Agent, Regist orida street address of NRAI SERVICES,	ered Office, & Registered Agent's Signature: the registered agent are:
PALM BAY, FL 3	istered Agent, Regist orida street address of NRAI SERVICES	ered Office, & Registered Agent's Signature: the registered agent are:
PALM BAY, FL 3	istered Agent, Regist orida street address of NRAI SERVICES, N 2731 EXECUTIVE	ered Office, & Registered Agent's Signature: the registered agent are:
PALM BAY, FL 3	istered Agent, Regist orida street address of NRAI SERVICES, N 2731 EXECUTIVE	the registered agent are: INC. IAME PARK DRIVE, SUITE 4

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

(CONTINUED)



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:
MGRM	JOHN F. KLEIST III
	790 WILDBRIAR DRIVE #202
	PALM BAY, FL 32905
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
J.F. V.C.	WE TO STATE OF
	r or an authorized representative of a member.
(In accordance with sec of this document constit that the facts stated he	tion 608.408(3), Florida Statutes, the execution
1	ver st III.
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)