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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KJP Court Reporting, 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:
Karen J. Perkins (Name of Person)
KJP Court Reporting, LLC (Firm/Company)
199 South Wimbrow Drive
(Address)
Sebastian, FL 32958 (City/State and Zip Code)
(City/state and 21p code)
For further information concerning this matter, please call:
Michael S. Cerow, CPA at (321) 242-2511 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
▼ \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	ART	ICL	ΕI	- N	am	e
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The name of the Limited Liability Company is:

KJP Court Reporting, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
199 South Wimbrow Drive	199 South Wimbrow Drive
Sebastian, FL 32958	Sebastian, FL 32958

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

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Name	_ 		
nbrow Drive	SEC	563	
treet address (P.O. Box NOT accepta	able) 岩道	133	ع يو د د د د
_{FL} 32958		 	-
City, State, and Zip		ח	i
	Name Ibrow Drive treet address (P.O. Box <u>NOT</u> accept FL 32958	Name brow Drive treet address (P.O. Box NOT acceptable) FL 32958	Name Ibrow Drive treet address (P.O. Box NOT acceptable) FL 32958

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Karen J. Perkins 199 South Wimbrow Drive Sebastian, FL 32958 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: October 10, 2005 ... (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a membere

(In accordance with section 608.408(3), Florida Statutes, the execution 350 of this document constitutes an affirmation under the penalties of perjury constitutes and affirmation under the penalties of perjury constitutes are affirmation under the penalties of penalties are affirmation under the penalties are affirm

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)

Karen J. Perkins

that the facts stated herein are true.)