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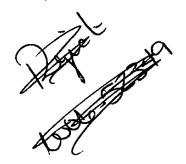
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SECRETARY OF STATE





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2006

LISA KOENIG 956 EVERGREEN DRIVE DELRAY BEACH, FL 33483

SUBJECT: J & L KOENIG ENTERPRISES LLC

Ref. Number: W06000052349

We have received your document for J & L KOENIG ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6851.

Letter Number: 906A00069426

Gina McLeod Document Specialist

## **COVER LETTER**

TO: ,	TO: Registration Section Division of Corporations				
SUBJECT: J & L Koenig Enterprises LLC (Name of Limited Liability Company)					
		(Name of Limite	a Liability Compa	iny)	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	g.	
Please	return all corresp	ondence concerning this matte	er to the following	:	
	Lisa Koeni	<del>~</del>			
		(	Name of Person)		
	J & L Koen	ig Enterprises LLC			
		(	Firm/Company)		
	956 Everg	reen Drive			
			(Address)		
	Delray Be	ach, FL 33483			
		(City	State and Zip Code	)	
For fur	ther information	concerning this matter, please	call:		
Lisa I	Koenig		<sub>at (</sub> 561	239-824	3
	(Name	of Person)		& Daytime T	elephone Number)
Enclos	ed is a check fo	or the following amount:			
\$125	.00 Filing Fee	✓ \$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	/	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration of Clifton Big 2661 Exe	ourier Address on Section of Corporation uilding cutive Center ee, FL 32301	ns

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:				
J & L Koenig Enterprises LLC				
Must end with the words "Limited Liability Company, "Limite	ed Company" or their abbreviation "LLC,	," or "L.C.,")	1	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	iability Co	ompa	ny is:
Principal Office Address:	Mailing Address:			
956 Evergreen Drive	956 Evergreen Drive			
Delray Beach, FL 33483	Delray Beach, FL 33483		_	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r  Lisa Koenig  Name  956 Evergreen Drive  Florida street add  Delray Beach, FL 33483  City, State, a	ered Agent. You must designate an indivergistered agent are:  lress (P.O. Box NOT acceptable)	idua ECREIARY OF ST MALLAHASSEE, FLO	ë 96 DEC 18 AH 10: 20	

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
John Koenig "MGR"	956 Evergreen Drive Delray Beach, FL 33483			
Lisa Koenig "MGRM"	956 Evergreen Drive Delray Beach, FL 33483			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than t	the date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior			
REQUIRED SIGNATURE:				
Signature of a men	Signature of a member or an authorized representative of a member.			
of this document co	section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury ed herein are true.)  A. Coloria Typed or printed name of signee			
Filling Faces	>			

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)