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(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	⇒#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	FAL	
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Office Use Only



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SECRE TARY OF STATE

COVER LETTER

TO: Registration So Division of Co				
_{SUBJECT:} JKB Ir	nvestments LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Kevin Bre				
	(Name of Person)		
JKB Inve	stments LLC		<u></u>	
		Firm/Company)	SEC SEC	-
4271 Tre	mblay Way		FEB :	_
		(Address)	SER -	3
Palm Ha	rbor Fl 34685		OF S	į
	(City	/State and Zip Code)	DATE T	
For further information	concerning this matter, please	call:	D ,	
Kevin Brennar	1	at (727) 945-94		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	, <i>1</i> 5.		
JKB Investments LLC			
(Must end with the words "Limited Liability Company, "I	Limited Company" or their abbreviation "LL	C," or "L.C.,")	
ARTICLE II - Address:		r inhilita . Chama	
The mailing address and street address of the	ie principal office of the Limited	Liability Com	pany is:
Principal Office Address:	Mailing Address:		
4271 Tremblay Way	4271 Tremblay Way		
Palm Harbor	Palm Harbor		
FI 34685	FI 34685		
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.) The name and the Florida street address of the Kevin Brennan	the registered agent are:	77 FEB - 1 ECRETARY C LAHASSEE	
N	lame	F S	
4271 Tremblay Way	v	2: 4.) STATE ORID	
	et address (P.O. Box NOT acceptable)	DA T	
Palm Harbor Fl 34685	FI.		
City, St	tate, and Zip		-
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet	d in this certificate, I hereby accept pacity. I further agree to comply w	the appointme ith the provisio	ent as ons of all

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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:		
MGRM	Kevin Brennan		
	4271 Tremblay Way		
	Palm Harbor FI 34685		
MGRM	Jeanne Brennan		
	4271 Tremblay Way	ASS 75	
	Palm Harbor FI 34685	- AHE III	$\neg \eta$
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		2: L 0RI	
		> = =	
(Han attachment if management)			
(Use attachment if necessary)			
ARTICLE V: Effective date, if other tha	in the date of filing: 1/30/07	(OPTION	VAL)
(If an effective date is listed, the date m	ust be specific and cannot be more tha	an five business d	ays prior
to or 90 days after the date of filing.)			
REQUIRED SIGNATURE:			
× ~	- P		

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.)

Kevin Brennan

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)