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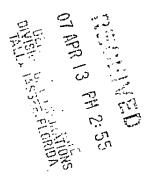
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO: Registration Se Division of Co					
SUBJECT:	TK Mekc. (Name of Limite	hawnising LLC ed Liability Company)	<u> </u>		
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JAMES CON	KLIN (Name of Person)			
·		WdlS/Wg (Firm/Company)		<del></del>	
	_	R DRIVE (Address)		07	SEC TALL
		(Address)  (Address)  (Address)		APR 13	RETARY AHASSE
For further information	(City	. ,		PM 3: 08	OF STA
	_	at ( <u>\$50</u> ) <u>562</u> (Area Code & Daytime	2 -//9 4 Telephone Number)	8	IDA AGI
	or the following amount:	(maa codo te Dayime	. c.op.icio (ruinos)		
\$125.00 Filing Fee	ρ \$130.00 Filing Fee & Certificate of Status	p \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy	c	

## Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
TK Mench and is  (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 pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8593 MAWOR OR. TALLAHASSEE, FL. 32303	8593 MANOR DR. TALLAHASSEE, FL 32303
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are: 9 7
JAMES CO	$\boldsymbol{\omega}$ $\boldsymbol{\omega}_{\underline{c}}$
8593 MAW 0 Florida street add	ress (P.O. Box NOT acceptable)
TAUAHASSEE City, State, and	

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)

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

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

"MGR" = Managing Member  MGRM  TAMES CONKLIN  R593 MANOR OR  TALLAHASSEE, FL 32303  MGRM  B393 MANOR DR  TALLAHASSEE, FL 32303  TALLAHASSEE, FL 32303  (Use attachment if necessary)  (Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:		Name and Address:	
Some DR   TALLAHASSEE, FL 32303     MGRM	<del>-</del>	ng Member	
MGRM   Sope Conklider   Soft Manor Dr.	MGRM	JAMES CONKLIN	
MGRM   Sope Conklider   Soft Manor Dr.		8593 MANOR OR TALLAHASSEE EL 32303	
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing: (OPTIONAL) are effective date is listed, the date must be specific and cannot be more than five business days	MG R.M	•	
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing: (OPTIONAL) are effective date is listed, the date must be specific and cannot be more than five business days		8593 MANOR DR	_
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CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days			
effective date is listed, the date must be specific and cannot be more than five business days	(Use attachment if nec	cessary)	
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	effective date is listed,	l, the date must be specific and cannot be more than five business d	ays
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	effective date is listed, to or 90 days after the d	l, the date must be specific and cannot be more than five business d date of filing.)  ATURE:	ays
REQUIRED SIGNATURE:  OTHER  PR  Signature of a member or an authorized representative of a member.	effective date is listed, to or 90 days after the d  REQUIRED SIGNAT	I, the date must be specific and cannot be more than five business d date of filing.)  ATURE:	ays IALLAHASS
Signature of a member or an authorized representative of a member.  (In accordance with section 608.408(3), Florida Statutes, the execution	effective date is listed, to or 90 days after the d  REQUIRED SIGNATESIGNATES  Signatesidad (In according to the control of th	ATURE:  Agree of a member or an authorized representative of a member.  Accordance with section 608.408(3), Florida Statutes, the execution	ays IALLAHASSEE, F
Signature of a member or an authorized representative of a member.	effective date is listed, to or 90 days after the d  REQUIRED SIGNAT  Signa  (In ac of thi that	ATURE:  Agree and cannot be more than five business defiling.)  ATURE:  Agree and cannot be more than five business defiling.)  ATURE:  Agree and cannot be more than five business defiling.)  ATURE:  Agree and cannot be more than five business defiling.)  ATURE:  Agree and cannot be more than five business defiling.)	ays IALLAHASSEE, FLOR

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)