# L01000063220

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Dasilios Elisty Walley	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2007

AARON CHASE 8550 ARGYLE BUSINESS LOOP UNIT 1701 JACKSONVILLE, FL 32244

SUBJECT: JKA, LLC

Ref. Number: W07000027125

We have received your document for JKA, LLC and your check(s) totaling \$125.00. 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.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 607A00038849

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: JKA, LLC	(Name of Limited	d Liability Company)	
The enclosed Articles of Organizat	ion and fee(s) are so	ubmitted for filing.	
Please return all correspondence co	oncerning this matte	r to the following:	
Aaron Chasse			
	(1	Name of Person)	
JKA, LLC			
<u></u>	(	Firm/Company)	
8550 Argyle Busir	ness Loop Ui	nit 1701	
		(Address)	
Jacksonville, FI 3	2244		
<u> </u>	(City	/State and Zip Code)	
For further information concerning	this matter, please	call:	
Aaron Chasse		at ( 386 ) 717-2951	
(Name of Person)		(Area Code & Daytime To	lephone Number)
Enclosed is a check for the follo	wing amount:		2001 SEC TALL
	.00 Filing Fee & ate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing i Fee, Certificate of Status & Certificate Of Status & Certified Copy is enclosed) AH 10: 56
Registrat Division P.O. Bo:	Address tion Section of Corporations x 6327 see, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
JKA, LLC		
(Must end with the words "Limited Liability Compar	ny, "Limited Company" or their abbreviation "LLC,	," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
8550 Argyle Business Loop	8550 Argyle Business Loop	
Unit 1701	Unit 1701	
Jacksonville, FL 32244	Jacksonville, FL 32244	<del></del>
Aaron Chasse	Name	
8550 Argyle Busines	<del></del>	
Florida	street address (P.O. Box <u>NOT</u> acceptable)	•
Jacksonville	FL 32244	
City	y, State, and Zip	
registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	ated in this certificate, I hereby accept th	ne appointment as n the provisions of all n familiar with and

(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" = M "MGRM" =	anager Managing Member	Name and Address:	
Aaron Chass	se MGR	8550 Argyle Business Loop	
	<del></del>	Unit 1701	
		Jacksonville, FL 32244	
Janel Gray	MGRM	8550 Argyle Business Loop	
	<del></del>	Unit 1701	
		Jacksonville, FL 32244	
FICLE V: Effect		e date of filing: (OPTION.	
FICLE V: Effect	tive date, if other than the	e date of filing: (OPTION) be specific and cannot be more than five business da	
FICLE V: Effect n effective date i · 90 days after th	tive date, if other than the		
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FICLE V: Effect n effective date i · 90 days after th	ive date, if other than the is listed, the date must be date of filing.)  SIGNATURE:  Signature of a memb	be specific and cannot be more than five business da ber or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution	ys prior
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Filing 1	Signature of a memb  (In accordance with se of this document consthat the facts stated  Aaron Chasse	be specific and cannot be more than five business da  per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)  Typed or printed name of signee	ys prior