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EXAMINER



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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: JKRacks SouthEast 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:
Thomas F. Muldowney Jr
(Name of Person)
JKRacks SouthEast LLC
(Firm/Company)
18 Lanman Rd
(Address)
Niceville, FI 32578
(City/State and Zip Code)
For further information concerning this matter, please call:
Thomas F. Muldowney Jr at (850) 259-1389
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional co
(diditional copy is oncosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
There as 7, Waleston of the 1880 250-1864 See the second second second respectively.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is	:
JKRacks SouthEast LLC	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18 Lanman Rd	18 Lanman Rd
Niceville, FI 32578	Niceville, FI 32578
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are: New Jr Registered agent are:
Thomas F. Muldowr	ney Jr 경우 기계
Name	The Barbara Harris Har
18 Lanman Rd	7 700
Florida street ad	Idress (P.O. Box NOT acceptable)
Niceville, FI 32578	FL 30 100
City, State,	and Zip

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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Thomas F. Muldowney Jr
	18 Lanman Rd
	Niceville, FI 32578
(Use attachment if necessary)	
	the date of filing: April 23, 2008 (OPTION st be specific and cannot be more than five business da

REQUIRED SIGNATURE:

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.)

Thomas F. Muldowney SE

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)