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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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M. THOMAS

MAR - 9 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C							
SUBJ.	ECT: JK DI	VIRSIFIED LLC						
		(Name of Limit	ted Liability Compa	ny)				
The er	closed Articles	of Organization and fee(s) are	submitted for filing	ţ.				
Please	return all corres	pondence concerning this mat	ter to the following	:				
	JAMES K	ELIIPAAKAUA						
			(Name of Person)					
	JK DIVIR	SIFIED LLC						
			(Firm/Company)					
	1507 GA	LVIN AVENUE						
			(Address)					
	PENSAC	OLA, FL 32526						
		(Cit	ty/State and Zip Code)		<u></u> ≠03	09 M	
For fu	rther information	n concerning this matter, pleas	e call:			EAST OF THE PROPERTY OF THE PR	09 MAR -6 AM 10: 25	FILE
JAN	1ES KELII	PAAKAUA	at (850	390-142	3	SEC.		(
	(Nan	e of Person)	(Area Cod	e & Daytime Tel	ephone Number)	FLOAT	15. P.	
Enclo	sed is a check	for the following amount:				3	7 OF	
□\$ 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py	\$160.00 Filing Certificate of S Certified Copy (additional copy is	status &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding centive Center C see, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:	
JK DIVIRSIFIED LLC		
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:
The maning address and shoot address of the	, principal office of the Emilion End	
Principal Office Address:	Mailing Address:	
4507 0 44 1/1/14 44/54/15		
1507 GALVIN AVENUE	1507 GALVIN AVENUE	
PENSACOLA, FL 32526	PENSACOLA, FL 32526	
4040 ASHLAND A Florida street PENSACOLA, FL	WENUE address (P.O. Box <u>NOT</u> acceptable)	09 MAR -6 AM 10: 25 SECRETARY OF STATE TALLAHASSEE FLORIDA
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I am	appointment as the provisions of all 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:

ACD	JAMES KELIIPAAKAUA	/
MGR		
	1507 GALVIN AVENUE	
	PENSACOLA, FL 32526	
	and the second of the second o	
		09
		SECRETARY VALCHUSST
		ES 5
		王四 十
		
(Use attachment if necessary)		OPTION AND TO
(Ose attachment if necessary)		של
	ne date of filing:	CONTION

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.)

JAMES KELIIPAAKAUA

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)