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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

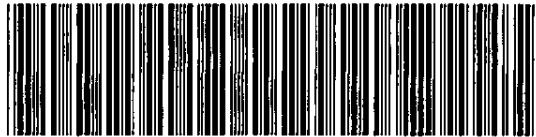
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09 NOV 24 2011
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 24 2011
EXAMINER

Dan Stewart, PA

Attorney at Law

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All Correspondence To:
4519 Hwy. 90
Pace, FL 32571

November 4, 2009



4519 Highway 90
Pace, Florida 32571

By Appointment
1100 W. Garden St., Ste. D
Pensacola, FL 32502

151 Mary Esther Blvd.
Ste. 312A
Mary Esther, FL 32569

Secretary of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

Re: **JEFF KINKADE ENTERPRISES, L.L.C.**

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Organization for the captioned LLC. Please file same and return a certified copy to our office in the envelope provided. I have also enclosed a check in the amount of \$160.00 which represents payment of the filing fee, registered agent designation, certified copy fee, and certificate of status fee.

If you have any questions concerning the enclosed please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Misty Mathis".

Misty Mathis
Legal Assistant to
Daniel Stewart, Esq.

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANIES

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 NOV 24 AM 11:11

ARTICLE I - NAME:

The name of the Limited Liability Company is:

JEFF KINKADE ENTERPRISES, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5349 Youpon Drive
Milton, Florida 32570

Mailing Address:

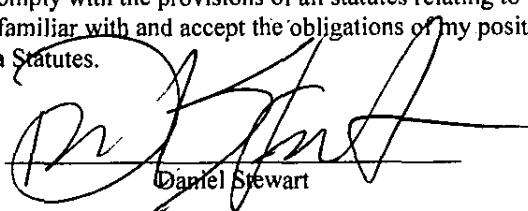
5349 Youpon Drive
Milton, Florida 32570

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the street address of the registered agent are:

Daniel Stewart, Esquire
4519 Hwy. 90
Pace, Florida 32571

Having been named as registered agent and to accept service of process for the above stated limited liability company of the place designated in this certificate. I hereby request the appointment as registered agent and agree 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. Florida Statutes.



Daniel Stewart

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

Title: **Name and Address:**

“MGR” = Manager

“MGRM” = Managing Member

MGR

Jeff Kinkade

5349 Youpon Drive

Milton, Florida 32570

REQUIRED SIGNATURE:


Jeff Kinkade
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.)

Jeff Kinkade

(Typed or printed name of signee)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy

\$ 5.00 Certificate of Status