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(City/State/Zip/Phone #)

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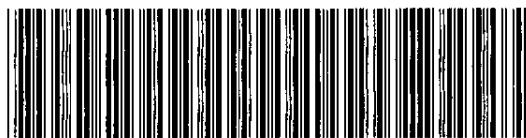
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JKC INVEST ONE, 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:

Connie H. Shivers, C.P.

Name of Person

Penson Law Firm, P.A.

Firm/Company

1435 East Piedmont Drive, Suite 101

Address

Tallahassee, Florida 32308

City/State and Zip Code

chs@pendd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connie Shivers

Name of Person

at ( 850 ) 561-8000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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

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**ARTICLES OF ORGANIZATION**  
**JKC INVEST ONE, LLC**  
**A LIMITED LIABILITY COMPANY**  
(Pursuant to Chapter 608, Florida Statutes)

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1. **Name.** The name of the limited liability company is:

JKC INVEST ONE, LLC

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

1000 Live Oak Plantation Road  
Tallahassee, Florida 32312

4. **Mailing Address.** The mailing address of the limited liability company is:

10000 Live Oak Plantation Road  
Tallahassee, Florida 32312

5. **Manager at Time of Formation.** The name of each manager at the time of formation:

J. Kinson Cook

6. **Period of Duration.** The period of duration shall be perpetual until it is dissolved or liquidated and its affairs wound up.

7. **Management.** Management of the Limited Liability Company at the time of formation is by Manager appointed by the Member(s).

8. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are:

J. Kinson Cook  
10000 Live Oak Plantation Road  
Tallahassee, Florida 32312

*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.*

  
J. Kinson Cook

9. **Effective Date.** The effective date of the limited liability company shall be:

January 31, 2011

  
J. KINSON COOK

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)