## L11000047903

(Requ	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of Status	5 <u></u>
Special Instructions to Fili	ng Officer:	

Office Use Only



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11 APR 21 PH 12: 51

SECRETARY OF STATE

J. BRYAN

APR 22 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT: JKL JO	oint Venture, LLC	<b>;</b>	
	Name of Limite	ed Liability Company	
The control & Color of		1 24 10 01	
•	Organization and fee(s) are s	-	
Please return all correspo	ondence concerning this matte	er to the following:	
Linda T. N	Meade		
		Name of Person	EG .
JKL Joint	Venture, LLC		PR 2
		Firm/Company	SET
11402 Oa	k Drive		PAIZ: 52 SEE, FLOR
		Address	92 5
Riverview, I	Florida 33578		Om .
	City	/State and Zip Code	
lindameade(		or future annual report notification)	
		•	
For further information c	oncerning this matter, please	call:	
Linda T. Meade		at (813 ) 317-5206	
Name o	f Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	r the following amount:		
S125.00 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	ARZIA PROPERTY
The name of the Limited Liability Company is:	
The name of the Elithica Elability Company is.	5,2
IKI Joint Venture II.C	English Res
JKL Joint Venture, LLC	70 2
(Must end with the words "Limited Liabil	ity Company, "E.E.C., or "ELC.)
ARTICLE II - Address:	Đị
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
11402 Oak Drive	11402 Oak Drive
Riverview, FL 33578	Riverview, FL 33578
The name and the Florida street address of the r  Linda T. Meade	egistered agent are:
Name	
11402 Oak Drive	
Florida street add	ress (P.O. Box NOT acceptable)
Riverview	<sub>FL</sub> 33578
City, Sta	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signa	ure (REQUIRED)

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	JKL American Enterprises, LLC  1971 W. Lumsden Rd #356  Brandon, FL 33511
MGRM	Joey Sirmans  11402 Oak Drive
	Riverview, FL 33578
MGRM	Christina Snell
	13914 Lake Point Dr Clearwater, FL 33762
<del></del>	
(Use attachment if necessar	y)
	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days p

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Linda T. Meade

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)