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**FLORIDA LIMITED LIABILITY CO.**
**JUKON LLC**

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G. MCLEOD
JUN 22 2011
EXAMINER

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## *JUKON LLC*

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**ARTICLE I – Name**
The name of the Limited Liability Company is:

*JUKON LLC*

**ARTICLE II – Address**
The mailing address and street address of the principal office of the Limited Liability Company is:

| *Principal Office Address:* | Mailing Address: |
|---|---|
| *2320 Ponce De Leon Blvd* | *2320 Ponce De Leon Blvd* |
| *Coral Gables, FL 33134* | *Coral Gables, FL 33134* |

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**
*(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

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

**Worldwide Corporate Administrators, LLC**
**2320 Ponce de Leon Blvd**
**Coral Gables, FL 33134**

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.F..*

Janice Cayon
Janice Cayon

**(Continued)**

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: |
|---|---|
| *Manager* | Janice Cayon<br>c/o Worldwide Corporate Administrators LLC<br>2320 Ponce De.Leon Blvd<br>Coral Gables,.FL 33134 |

ARTICLE V: Effective date, if other than the date of filing: _____.
(OPTIONAL) **(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**

Janice Cayon
_____
**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 the 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.)

Janice Cayon
_____
Typed or printed name of signee