P.02 Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000229955 3)))



H110002299553ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS

Account Number : 105256001620

Phone :

: (608)827-5300

Fax Number

: (608)827-5501

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: riczerinac Ejgaeng. com

RECEIVED 1SEP 22 AH 7: 09 ECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. FMKF Limited LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

WII-48578

Electronic Filing Menu

Corporate Filing Menu

olp J. BRYAN

SEP 23 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUSINESS FILINGS

September 21, 2011

SUBJECT: FMKF LIMITED LLC

REF: W11000048578

FILED WE SEE A THINK

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LIMITED." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H11000229955 Letter Number: 111A00021792

P.O BOX 6327 - Tallahassee, Florida 32314

FAX AUDIT # H110002299553

ARTICLES OF ORGANIZATION OF FMKF LLC

ARTICLE I

NAME

The name of the limited liability company shall be: FMKF LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 719 North Manasota Key Road, Englewood, Florida 34223.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:

Ronald M Jezerinac, 719 North Manasota Key Road, Englewood, Florida 34223

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: September 22, 2011

WI 53717

608-827-5300

FAX AUDIT # H110002299553

FAX AUDIT # H110002299553

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: FMKF LLC

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

Mall

Date: September 22, 2011

FILED
I SEP 22 AM 8: 0
CRETARY OF STATE
LAHASSEE, FI DRIE

FAX AUDIT # H11000229955