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SECRETARY OF STATE.

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: JKBurg, 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: Jennifer K. Burg Name of Person Firm/Company 370 SE Mizner Blvd., #1604 Address Boca Raton, Florida 33432 City/State and Zip Code iennburg.llc@amail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer K. Burg , 613-1050 at (561 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee _\$130.00 Filing Fee & \$155.00 Filing Fee & **✓** \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	TEORIDA ENVITED EIABIL	ATT COMI ANT
ARTICLE I - Name: The name of the Limited Liability Company	is:	
JKBurg, LLC		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
370 SE Mizner Blvd., #1604	370 SE Mizner Blvd., #160	04
Boca Raton, FL 33432	Boca Raton, FL 33432	
		
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Re business entity with an active Florida registration.)		
The name and the Florida street address of the	ne registered agent are:	
Jennifer K. Burg		
Na	ime	
370 SE Mizner Blvd., #	1604	
Florida street	address (P.O. Box NOT acceptable)	
Boca Raton, FĻ. 33432	FL	
City	, State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept t acity. I further agree to comply wit e performance of my duties, and I a	the appointment as th the provisions of all im familiar with and
Registered Agent's Sig). Buy gnature (REQUIRED)	2011 NOV 18 SEGRETARY
(CONT	'INUED)	MAH:

Page 1 of 2

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Jennifer K. Burg 370 SE Mizner Blvd., #1604
effective date is listed, the date must	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL) to be specific and cannot be more than five business days pr Solution of an authorized representative of a member.
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a median of the effective date is listed, the date must 0 days after the date of filing.)	be specific and cannot be more than five business days prober or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memory of the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 6 constitutes an affirmation under the effective date of the effective date of the effective date in the effective date of the e	ber or an authorized representative of a member. 508.408(3), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)
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