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D. BRUCE

DEC 27 2011

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corpo	rations			
_{subject:} JK Ener	gy, LLC			
SUBJECT:		ted Liability Company		
The enclosed Articles of Or	ganization and fee(s) are	submitted for filing.		
Please return all correspond	ence concerning this mat	tter to the following:		
John O'Ma	llev			
<u> </u>		Name of Person		
	····	Firm/Company		
10488 NW	1st Court		eng Estate	
		Address		
Caral Carinas	EL 22074		AHA	EC :
Coral Springs		ty/State and Zip Code		-&- r
john@johnoma		syrstate and Zip Code	i de la companya de l	
		for future annual report notification)		· · · · · · · · · · · · · · · · · · ·
For further information con-	erning this matter, please	e call:	RIDA	38 8
John O'Malley		at (954) 865-6832		
Name of Pe	erson	Area Code & Daytime Telep	phone Number	
Enclosed is a check for th	e following amount:			
	130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing For Certificate of State Certified Copy (additional copy is en	tus &
R D P	failing Address egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
JK Energy, LLC	ed Liability Company, "L.L.C.," or "LLC.")
(Musicia Wali the Words Ellitte	ed Chability Company, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1360 NW 65th Avenue, Suite - N Plantation, FL 33313	1360 NW 65th Avenue, Suite - N Plantation, FL 33313
	stered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another In the registered agent are:
- Comit C Wancy	Name
10488 NW 1s	
Florida st	reet address (P.O. Box NOT acceptable)
Coral Springs	_{FL} 33071
	City, State, and Zip
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp accept the obligations of my position a	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

Page 1 of 2

(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: "MGR" = Manager "MGRM" = Managing Member **MGRM** John O'Malley 10488 NW 1st Court Coral Springs, FL 33071 MGRM Kevin Linn 10122 NW 2nd Street Coral Springs, FL 33071 (Use attachment if necessary) 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:** 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.) John O'Malley Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees: