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B. BOSTICK JUN **2** 5 2012

EXAMINER

COVER LETTER

TO:		on Section f Corporations				
SURII	ect.	FLKM, LLC				
SCEC	Name of Limited Liability Company					
		es of Organization and fee(s) are su	_			
Please	return all cor	respondence concerning this matter	r to the following:			
		F.L.	KING			
		Ŋ	Name of Person			
Firm/Company 301 EAST CAROLINA ST., #914					~~~~~~~~~~~	
					A	
	Address			_ <u>85</u>		
		TALLALIAC	20EE EL 20204	第5	JUN 25	
	TALLAHASSEE, FL. 32301 City/State and Zip Code				a	
	blankartz@aol.com				3 1	
•		E-mail address: (to be used for	future annual report notification)		<u>မှာ</u> [ြ ယ	
For fur	ther informat	tion concerning this matter, please of	call:	5		
F. L.	KING		at (850) 228-5441			
	Na	ame of Person	Area Code & Daytime Tele	phone Number		
		k for the following amount:	_	_		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is a	atus &	
		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 C			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	is:
FLKM, L	LC
	ability Company, "L.L.C.," or "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:
001 EAST CAROLINA ST. #914 FALLAHASSEE, FL. 32301	301 EAST CAROLINA ST. #914 TALLAHASSEE, FL. 32301
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the RONALD R Name and Table 1394 MILLSTRI Florida street TALLAHASSEE City,	RICHMOND me EAM RD. address (P.O. Box NOT acceptable) FL 32312 State, and Zip
liability company at the place designated in registered agent and agree to act in this capa- statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered 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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR F. L. KING 301 EAST CAROLINA ST., #914 TALLAHASSEE, FL. 32301 (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.) F.L. KING Typed or printed name of signee

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)