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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations
SUBJECT: JKJ Services L.L.C. Name of Limited Liability Company
ON SE
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tullo Dalisma
المجاهد Name of Person
1SF Services
PO Box 79/663 Address
Address
Coral Springs FL 33077 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Jude Dalisma at (954) 478-6857 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (addit
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	C. W. S. C.
(Must end with the words "Limited Liabili	S LUC
(Must end with the words Limited Liabin	ty Company, L.L.C., or LLC.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4223 NW 22ND ST COCONUT CREEK FL 33066	PO 80X 771663 Coral Springs FL 33077
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Jude Dalisme Name	<u> </u>
<u> </u>	ess (P.O. Box NOT acceptable)
Coconut Creek City, State	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb W G Z	Jude Dalisma
MGR	N.Lauderdale FL 33068
7.010	Lareen Lucker 4223 NW 22nd ST COLORU+ Cray FL 33066
MGR	Jason Jordan 8030 Handra BLUD Act 309
	V. Landerdale FL 35068
	<u> </u>
(Use attachment if necessary)	
	than the date of filing: (OPTION must be specific and cannot be more than five business dates
days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a	we Dalisma n member or an authorized representative of a member.
(In accordance with seconstitutes an affirmati	ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

Ude Da lisma
Typed or printed name of signee