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Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : GULATI LAW
 Account Number : I20130000014
 Phone : (407) 900-5054
 Fax Number : (407) 517-4931

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

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 TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
 FLORIDA
 TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
 JK LAND TRUST, LLC

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

APR 16 2013

D. BRUCE

(850) 245-6051.

COVER LETTERTO: **Registration Section
Division of Corporations**SUBJECT: **JK LAND TRUST, 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:

Sarah Gulati, Esq.

Name of Person

Gulati Law, P. L.

Firm/Company

409 Montgomery Road, Unit 131

Address

Altamonte Springs, FL 32714

City/State and Zip Code

office@gulatilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Gulati, Esq

Name of Person

407 900-5054

Area Code & Daytime Telephone Number

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DIVISION OF SSI
TALLAHASSEE, FLORIDA**FILED**

Enclosed is a check 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JK LAND TRUST, LLC

(Must end with the words "Limited Liability 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:

1270 North Wickham Road
Suite 18-301
Melbourne Florida 32936

Mailing Address:

1270 North Wickham Road
Suite 18-301
Melbourne Florida 32936

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

GULATI LAW, P.L.

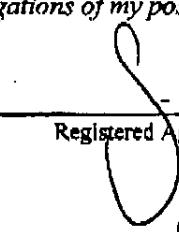
Name

409 MONTGOMERY ROAD, UNIT 131Florida street address (P.O. Box NOT acceptable)ALTAMONTE SPRINGS FL 32714

City, State, and Zip

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Having been named as registered agent and to accept service of process for the above stated limited liability 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 as provided for in Chapter 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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PAGE 04/04

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PAGE 81

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SUSAN A. ABBOTT

(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:

Susan A. Abbott

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. 813.155, F.S.)

Susan A. Abbott

Typed or printed name of signee

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2013 APR 15 AM 10:35
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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)