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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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K. SALY EXAMINER AUG 21 ZUI3

(850) 245-6051.
COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: JK Ranch Services 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:
Jaime Snyder
Name of Person
Firm/Company
43120 clay Guly Rd
Myakka City FL 34251 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jaim Snyell at 941 322-9609 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsiz \frac{1}{2}\$125.00 \text{ Filing Fee} \text{ Fee} \text{ Certificate of Status } \text{ 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:
(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: Mailing Address:
43120 Clay Gully Rd same as prinofice Myakka City, Pl 34251
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:
Jaime Snyder
Name SS OF
Florida street address (P.O. Box NOT acceptable)
Hyakka Cty FL 3425/ City, State, and Zip
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)

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:

"MGR" = Manager "MGRM" = Managing M	Name and Address: ember
MGR	Jaime Snyder. 43120 Clay Guily Rd Myakka City FL 34251
MGR	Kendall Snyder 43120 Clay Gully Rd Myakka City FL 34251
·	
(Use attachment if necess	ary)
ICLE V: Effective date, if on the second section is a second section of the second sec	ther than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business
ICLE V: Effective date, if on a effective date is listed, the	ther than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business e of filing.)
ICLE V: Effective date, if on a effective date is listed, the to or 90 days after the date REQUIRED SIGNATU	ther than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business e of filing.) RE:
ICLE V: Effective date, if on effective date is listed, the to or 90 days after the date REQUIRED SIGNATU Signature (In accordance we constitutes an aff I am aware that a	ther than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business e e of filing.)

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)