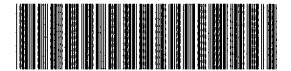
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(850) 245-6051.

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KJFMS ARChitecture, LLC Name of Limited Liability Company
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:
Dan PiComo Name of Person
Name of Person
KJIMS Development Company, LCC
Firm/Company
8141 Lakewood Mainst. Suite 208
Address
LAKEWOOD Ranch, FL, 34202 City/State and Zip Code
City/State and Zip Code
Jean & Ky i MS, Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TEAN AndRews at (941) 803-9440 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status

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:

KJIMS ARChitecture, 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: Mailing Address:
8141 Lakewood Main ST. Suite 208 LAkewood Ranch, FL 34202
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:
Dan Di Como Name
Name 8141 Lakewood Main St. Suike 208 Florida street address (P.O. Box NOT acceptable) LAkewood Rancha, FL, 34202 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	·
MGRM	Darren Azdell 8141 lakewood Main ST Lakewood RAnch, FL 34202
MGR	DAN Di Como 8141 LAXEWOOD Main ST Lakewood RANCH, FL 34202
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) at be specific and cannot be more than five business of
TICLE V: Effective date, if other than the an effective date is listed, the date mus	e date of filing: (OPTIONAL) at be specific and cannot be more than five business d
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TICLE V: Effective date, if other than the an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	t be specific and cannot be more than five business of
TICLE V: Effective date, if other than the an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)