

L14000196907

(Requestor's Name)

SHELBY AUGUSTYNIAK
KING & WOOD PA
1701 HERMITAGE BLVD - # 104
TALLAHASSEE, FL 32308

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

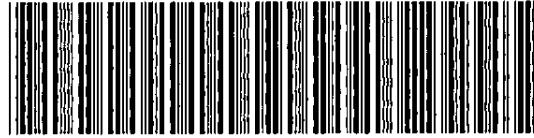
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2014

SHELBY AUGUSTYNIAK
KING & WOOD PA
1701 HERMITAGE BLVD - # 104
TALLAHASSEE, FL 32308

SUBJECT: KJ SQUARED, LLC
Ref. Number: W14000075534

We have received your document for KJ SQUARED, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 414A00026946

**ARTICLES OF ORGANIZATION
OF
KJ SQUARED, LLC**

ARTICLE I – NAME

The name of the limited liability company is KJ SQUARED, LLC (the "company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
5587 Crawfordville Road
Tallahassee, Florida 32305

Mailing Address:
5587 Crawfordville Road
Tallahassee, Florida 32305

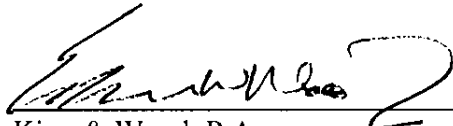
**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

King & Wood, P.A.
1701 Hermitage Blvd., Suite 104
Tallahassee, Florida 32308

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TALLAHASSEE, FLORIDA

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 605, F.S.



King & Wood, P.A.

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager


"AMBR" = Authorized Member

MGR

Name and Address:

Kevin A. Jenkins
5587 Crawfordville Road
Tallahassee, Florida 32305

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kevin A. Jenkins

Typed or printed name of signee

K Jenkins, Allen and Wanda\KJ SQUARED, LLC\Articles of Organization (LLC) wpd

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