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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2015

JOHN CARLTON HORNSBY 95043 VENTURES COURT FERNANDINA BEACH, FL 32034

SUBJECT: JKL ENTERPRISES LLC

Ref. Number: W15000016716

We have received your document for JKL ENTERPRISES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been ited and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as for it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P11000089554.

Please return your document, along with 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A00004769

COVER LETTER

	ation Section n of Corporations			
SUBJECT:	JKC ENTERPRISES			
SOUGECT.		nited Liability Company		
The enclosed Art	ticles of Organization and fee(s) ar	e submitted for filing.		
Please return all	correspondence concerning this ma	atter to the following:		
	JOHN CARLTON	MORNSBY		
		Name of Person		
	SKL ENTER	LPRISES		
-		Firm/Company	<u>.</u>	
	95043 VENTUR	les court	2015	
		Address	स्थात रा स्थात रा स्थार	
Ĵ	ELLANDINA BEACA	, A 32034	27 SSEE	
	Thornsby 710.9	ity/State and Zip Code	FLORIDA RESTARTE	
	E-mail address: (to be used	for future annual report notification	ntion)	
For further inform	nation concerning this matter, plea	se call:		
Jour More	NSBY at (2)	904 335 /6. Area Code Daytime Te	/3 lephone Number	
Enclosed is a che-	ck for the following amount:			
□ \$125.00 Filing Fo	_	□\$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	Street/Courier Add	ress	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Comp	pany is:		
FL JKC ENTERARISE	es LLC		
(Must end with the	words "Limited Liab	oility Company, "L.L.C.," or '	'LLC.")
ARTICLE II - Address: The mailing address and street address of	of the principal office	of the Limited Liability Com	pany is:
Principal Office Address:	<u>N</u>	failing Address:	
95043 VENTURES COUR	:T	95043 VENTURES	Court
95043 VENTURES COUR FERNANDINA BEACH FL 32034		95043 VENTURES OF FERMINATION BEACH	
FL 32034		76 32044	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active F	serve as its own Regi		
The name and the Florida street address	of the registered agen	nt are:	28
JOUN	NOLNSBY Name KNTULOS COUL		FEB T
	Name		B 27
95043	ENTURES COME	T	1 1
Florida street ad	ddress (P.O. Box NO	T acceptable)	
FGENANDINE	BEAM	FL 32034 Zip	PN 3: 09 OF STATE FLORIBA
-	City	Zip	9
Having been named as registered agent the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with a Registere	e, I hereby accept the o th the provisions of all	appointment as registered age statutes relating to the proper ons of my position as registere 15, F.S	ent and agree to act in this r and complete performance
	Page Lof2		

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	John Carlton Hornsby
MGL	45043 VENTURES COVICT FERNANDINA BEACH, FL 32034 Kandi Maria Chipman 95043 VENTURES COURT
	FEKNANDINA BEACH, FL 32034.
EV: Effective date, if other than the d ctive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
(Use attachment if necessary) E.V: Effective date, if other than the dective date is listed, the date must be filling.) E.VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the dective date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or s
EV: Effective date, if other than the dective date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section constitutes an affirmation up I am aware that any false interests.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this decument ider the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State length as provided for in a 917.155 F.S.
E.V: Effective date, if other than the dective date is listed, the date must be filing.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a gradule of a gr	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a gradule	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this decument ider the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State length as provided for in a 917.155 F.S.