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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

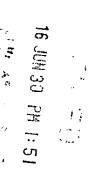
Office Use Only



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EFFECTIVE DATE



JULY 1 2017

COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	BKE-KMK JV, LLC
SOBORC I.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
1	Karen Cummings
-	Name of Person
I	Baker Klein Engineering
-	Firm/Company
1	1334 Walnut Street
_	Address
J	acksonville, FL 32206
	City/State and Zip Code
ko —	cummings@bakerklein.com
	E-mail address: (to be used for future annual report notification)
For further inf	ormation concerning this matter, please call:
K	aren Cummings 904 559-2657
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filii	S130.00 Filing Fee & Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certific

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		ę. w	16 JUN 30	Die
BKE-KMK JV, LLC				1011 710	rr 1:51
	vith the words "Limited	L iability Con	npany, "L.L.C.," or "LLC.")	- 1 P	4 4
(Wide ond W	via ine words viintee	Diaonity Con	inany, is.inc., or obc.		CONTRA
ARTICLE II - Address: The mailing address and street ad-	dress of the principal o	ffice of the Lii	nited Liability Company is:		
<u>Principa</u>	l Office Address:		Mailing Address:		
1334 Walnut Street			1334 Walnut Street		
Jacksonville, FL 3220)6		Jacksonville, FL 32206		
another business entity with an ac The name and the Florida street ac	Ç	,			
	1224397				
	Florida street address	(P.O. Box N C	OT acceptable)		
	Jacksonville	FL	32206		
	City	State	Zip		
lace designated in this certificate, I wither agree to comply with the pro-	hereby accept the appo visions of all statutes re	intment as reg lating to the pr	or the above stated limited liability consistered agent and agree to act in this coper and complete performance of my gent as provided for in Chapter 605, I	capacity. I duties, and I	

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:		Name and Address:
	horized Member	
"MGR" = Mana	iger	Debra Klein
MGR		1334 Walnut Street
		Jacksonville, FL 32206
		Jacksonvine, PL 52200
		
		
EV: Effective d	ate, if other than the date of f	iling: July 1, 2016 (OPTIONAL) c and cannot be more than five business days prior to or 90 d
EV: Effective dective date is list filling.) the date inserted ment's effective	ate, if other than the date of fed, the date must be specified in this block does not meet date on the Department of Spisions, if any.	c and cannot be more than five business days prior to or 90 d the applicable statutory filing requirements, this date will not be
ctive date is list f filing.) the date inserted nent's effective EVI: Other prov	ate, if other than the date of fed, the date must be specifical in this block does not meet date on the Department of Spisions, if any.	c and cannot be more than five business days prior to or 90 d the applicable statutory filing requirements, this date will not b tate's records.
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ARTICLE IV-