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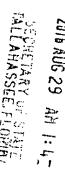
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COVER LETTER

10:	Division of Corporations	
CIID IE	Kirk Construction Management Service	ces LLC
SUBJEC	CT: Name of Lim	ited Liability Company
The encl	closed Articles of Organization and fee(s) are	submitted for filing.
Please re	return all correspondence concerning this ma	ter to the following:
	Joan Kirk	
		Name of Person
	Kirk Construction Management Service	s
	- All and and the state of the	Firm/Company
	319 Andros Drive	
		Address
	Sarasota, FL 34233	
	joan.kirk@hotmail.com	ty/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For furthe	er information concerning this matter, please	call:
	Joan Kirk 44	0 537-0208
		ea Code Daytime Telephone Number
Enclosed	ed is a check for the following amount:	
] \$125.00	0 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$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 Address
	New Filing Section Division of Corporations P.O. Box 6327	New Filing Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must e	nd with the words "Limited Liah	nility Company, "L.L.C.," or "LLC.")	
CLE II - Address:			
ailing address and stre	et address of the principal office	of the Limited Liability Company is:	
<u>Prin</u>	cipal Office Address:	Mailing Address:	:
319 Andros Drive	;	319 Andros Drive	
Sarasota, FL 342	33	Sarasota, FL 34233	
imited Liability Comp	Agent, Registered Office, & Reany cannot serve as its own Regian active Florida registration.)	egistered Agent's Signature: stered Agent. You must designate an individ	The co-
imited Liability Comp r business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered ager	stered Agent. You must designate an individ	ALLANA
imited Liability Comp r business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered ager Kenneth Kirk	stered Agent. You must designate an individ	ALLANA
imited Liability Comp r business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered ager	stered Agent. You must designate an individ	TALLAHASSEE,
imited Liability Comp r business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered ager Kenneth Kirk	stered Agent. You must designate an individ	FALLAHASSE
imited Liability Comp r business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered ager Kenneth Kirk Nar	stered Agent. You must designate an individual are:	TALLAHASSEE,
imited Liability Comp r business entity with	any cannot serve as its own Regi an active Florida registration.) eet address of the registered ager Kenneth Kirk Nar 319 Andros Drive	stered Agent. You must designate an individual are:	TALLAHASSEE,

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Kenneth Kirk
	319 Andros Drive
	Sarasota, FL 34233
AMBR	Joan Kirk
 	319 Andros Drive
	Sarasota, FL 34233
	White the same to
EV: Effective date, if other than the d	ate of filing: 8/22/16 (OPTIONAL)
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does no	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the dective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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LE V: Effective date, if other than the detective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REOUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not ent of State's records.
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LE V: Effective date, if other than the dective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is executed an aware that any file.	to the more than five business days prior to or 90 on the meet the applicable statutory filing requirements, this date will not ent of State's records. The member of an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State.
LE V: Effective date, if other than the dective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is executed an aware that any file.	ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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