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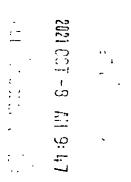
| (F | Requestor's Name) | |
|-------------------------|-------------------------|-----------|
| <u> </u> | Address) | |
| (A | Address) | |
| (C | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (E | Business Entity Name) | |
| (0 | Occument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | o Filing Officer: | |
| | | |
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| W210001 38 | 3280 | |

Office Use Only



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COVER LETTER

| TO: | New Filing Sec Division of Cor | | | | |
|------------|-----------------------------------|--|-----------------|--|---|
| SUBJEC | CT: J&KPR | OGENY, LLC Name of Lin | nited Liabil | ity Company | |
| The encl | losed Articles of | Organization and fee(s) are | e submitted | for filing. | |
| Please re | eturn all correspo | ondence concerning this ma | itter to the f | ollowing: | |
| | Kevin D. Je | ffrey, MGR | | | |
| | _ - | | Name of | Person | |
| | J & K Proge | eny, LLC | | | |
| | _ | | Firm/Co | mpany | |
| | 6075 Windo | over Way | | | |
| | | | Addr | ess | |
| | Titusville, F | L 32780 | | | |
| | | | ity/State an | d Zip Code | |
| | | /1@gmail.com | C C . | 1 | |
| | l | E-mail address: (to be used | ior iuture a | nnuai report notificati | on) |
| For furthe | er information co | ncerning this matter, please | e call: | | |
| | Warda D | I-# MCO | | | |
| | - | . Jeffrey, MGRat (; c of PersonA | 321 rea Code |) 626-8398 Daytime Telephon | a Number |
| | 1,4111 | corresson A | rea Civic | trayune retemon | e Nation |
| Enclose | d is a check for th | ne following amount: | | | |
| □\$125 | .00 Filing Fee | ⊠\$130.00 Filing Fee & Certificate of Status | Certitī | 5.00 Filing Fee & ed Copy is enclosed) | ☐\$160,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | g Address | | Street Address | |
| | | iling Section on of Corporations | | New Filing Section Di The Centre of Tallaha | |
| | P.O. B | ox 6327 | | 2415 N. Monroe Stre | et, Suite 810 |
| | Tallah | assee, FL 32314 | | Tallahassee, FL 3230 | 3 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | |
|---|----------------------------------|--|--|--|
| J & K Progeny, LLC | | | | |
| (Must contain the words "Limited Liabili | ty 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: | | | |
| 6075 Windover Way | 6075 Windover Way | | | |
| Titusville, FL 32780 | Titusville, FL 32780 | | | |
| | | | | |

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:

| Kevin D. Jeffrey, MC | 3R | |
|----------------------|------------------------------|------------|
| | Name | |
| 6075 Windover Way | | |
| Florida street addr | ress (P.O. Box <u>NOT</u> ac | cceptable) |
| Titusville | FL | 32780 |
| City | State | 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 605, F.S..

gistered Agent's Signature (REQUIRED) Kevin D. Jeffrey MGR

(CONTINUED)

ARTICLE IV-

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR/ | Kevin D. Jeffrey |
| 100.0 | 6075 Windover Way |
| | Titusville, FL 32780 |
| | |
| | |
| AMBR | Joyce R, Jeffrey |
| | 6075 Windover Way |
| | Titusville, FL 32780 |
| | |
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| | |
| If an effective date is listed, the date must be sp he date of filing.) | e of filing: ASAP (OPTIONAL) becific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a t of State's records. |
| ARTICLE VI: Other provisions, if any, The Trustee Of The Revocable Joint Living Trust Of Ke | evin D. Jeffrey and Joyce R. Jeffrey has FULL RIGHTS as a Manager of this LLC |
| REQUIRED SIGNATURE: |) |
| | LM |
| This document is execu I am aware that any fals | tember or an authorized representative of a member. Ited in adcordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S. |
| | Manager /Registered Agent Typed or printed name of signee |
| | Aber as brought or signer |

as

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)