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To:

Division of Corporations

Fax Number

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From:

Account Name : HUBCO

Account Number : 104662003400

: (516)935-3940 Phone

Fax Number

: (516)935-3088

04 DEC 29

LIMITED LIABILITY COMPANY

JASS LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | A | RT | ICL | \mathbf{E} | [- | Name |
|------------------|---|----|-----|--------------|-----|------|
|------------------|---|----|-----|--------------|-----|------|

The name of the Limited Liability Company is: JASS 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: | | |
|---------------------------------|---------------------------------|--|--|
| 212 E. Grand Boulevard, Suite I | 212 E. Grand Boulevard, Suite I | | |
| Corona, CA 92879 | Corona, CA 92879 | | |
| | | | |

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

CORPDIRECT AGENTS, INC.

Name

103 North Meridian Street, Lower Level

(P.O. Box or Mail Drop Box NOT Acceptable)

Tallahassee, FL 32301

(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 608, F.S.

Registered Agent's Signature - Ed Lary- Ass't Secretary



| | C. COD OF COOL LINE | ager or Managing Member is as follows: | | | |
|--------------------------------|---------------------|---|-----------------|---|-------|
| <u>Title:</u> "MGR" = Manag | PT | Name and Address: | | | |
| "MGRM" = Man | | | | | |
| MGRM | | Alan S. Pan-212 E. Grand Boulevard, | Suite I, Coron: | r, CA 92879 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| (Use attachment i | fnecessary) | | | | |
| REQUIRED SI | GNATURE: | | | | • |
| | | | | | |
| | Signatur | of a member or authorized representativ | e of a member. | _ | , |
| | - | nce with section 608.408(3), Florida Statu institutes an affirmation under the penalt n are true.) | • | | ٠. |
| | | Alan S. Pan | | | |
| | <u></u> | Typed or printed name of signed | e | 76E | |
| | | | | CRET | 77 |
| | | | | 2004 DEC 29 AM 8: 50 SECRETARY OF STATE TALLAHASSEE, FLORID | FILED |
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