





FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 26, 2005

JASON KAPLAN  
411 NORTH U.S. HIGHWAY 1, 2ND FLOOR  
FT. PIERCE, FL 34950

SUBJECT: JMJ 13 ACRES, LLC  
Ref. Number: W05000021099

**FILED**  
2005 MAY 17 P 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for JMJ 13 ACRES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 505A00028710

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: JMJ 13 ACRES, LLC  
(Name of Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON KAPLAN

(Name of Person)

JAZMAZ DEVELOPMENT CORP.

(Firm/Company)

411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR  
(Address)

FT PIERCE, FLORIDA 34950

(City/State and Zip Code)

For further information concerning this matter, please call:

JASON KAPLAN

(Name of Person)

at ( 917 ) 653-8989  
( 772 ) 468-9898

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JMJ 13 ACRES, 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:

411 NORTH U.S. HIGHWAY 1  
2<sup>nd</sup> FLOOR  
FT PIERCE, FL 34950

411 NORTH U.S. HIGHWAY 1  
2<sup>nd</sup> FLOOR  
FT PIERCE, FL 34950

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JASON KAPLAN  
Name

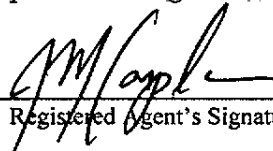
411 NORTH U.S. HIGHWAY 1, 2<sup>nd</sup> FLOOR

Florida street address (P.O. Box **NOT** acceptable)

FT. PIERCE FL 34950

City, State, and 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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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MGRM

JOHN A. ZALCIN SECRETARY OF STATE  
411 NORTH U.S. HIGHWAY 1, 2<sup>ND</sup> FLOOR TALLAHASSEE, FLORIDA  
FT PIERCE, FL 34950

MGRM

JASON M. KAPLAN  
411 NORTH U.S. HIGHWAY 1, 2<sup>ND</sup> FLOOR  
FT PIERCE, FL 34950

MGRM

MILES A. ZALCIN  
411 NORTH U.S. HIGHWAY 1, 2<sup>ND</sup> FLOOR  
FT PIERCE, FL 34950

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOHN A. ZALCIN

Typed or printed name of signee

**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)