

**LD60000063405**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : COURT ACCESS CENTERS OF AMERICA  
Account Number : 075350000541  
Phone : (813)875-1333  
Fax Number : (813)875-2703

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JAM Rentals LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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Audit # H06000132379  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**JAM Rentals LLC**

The mailing address and street address of the Limited Liability Company are :

**P.O. Box 507  
Captiva, FL 33924**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**Cabbage Key**  
**Intercoastal Marker #60**  
**Capitva, FL 33924**

and the name of its registered agent at such address is:

**Jeffrey A. Martin**

**ARTICLE VI**  
**Management**

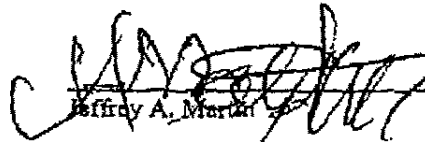
This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Jeffrey A. Martin, Managing Member**  
**P.O. Box 507**  
**Capitva, FL 33924**

Dated: Tuesday, June 13, 2006

  
Jeffrey A. Martin

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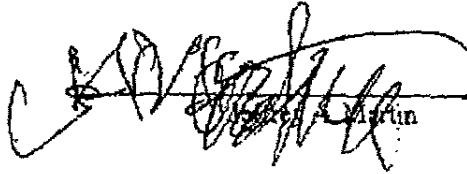
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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: June 13, 2006

  
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