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FILED 2010 MAY 2:1 AM 11: 25 SECRETARY OF STATE SECRETARY SEE. FLORIDA

C. LEWIS

MAY 2 4 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	ECT: JSMBB LLC					
Name of Limited Liability Company						
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the following:				
	Robert J Batson					
		Name of Person				
	`					
	Firm/Company					
	400 40 Din - Will- LNI					
	13843 Pine Villa LN	Address				
	Fort Myers, FL 33912					
City/State and Zip Code bsbatson@gate.net						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Robert J Batson		at (_239) 482-0250				
	Name of Person	Area Code & Daytime Telephone Number				
Enclos	sed is a check for the following amou	int:				
□ \$125	.00 Filing Fee S130.00 Filing Fe Certificate of State					
	Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Clifton Building				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compar	ıy ıs:	
JSMBB LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
13843 Pine Villa LN	13843 Pine Villa LN	
Fort Myers, FL 33912	Fort Myers, FL 33912	
	tered Office, & Registered Agent's Signaturous Registered Agent. You must designate an individual gramother the registered agent are:	
1	Vame Sign 28	
13843 Pine Villa LN	"gyme	
Florida street address (P.O. Box NOT acceptable)		
Fort Myers,	FL 33912	
Ci	ty, State, and Zip	
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple	d to accept service of process for the above stated limited d in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S	

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 3

FILED

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

2010 MAY 2.1 AM III: 25

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>Title:</u>	Name and Address:	TALLAHASSEE, F
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Jennifer Srivastava	
	8 Endicott Road	
	Andover, MA 01810	
MGR	Sunny Srivastava	
	8 Endicott Road	
	Andover, MA 01810	
MGR	Michael Batson	
	29 Otis Street # 105	
	Cambridge, MA 02141	
MGR		
WGh	Bette Baison 13843 Pine Villa LN	
		
	Fort Myers, FL 33912	
(Use attachment if necessary)		
	on the date of filing: May 17, 2010 wast be specific and cannot be more than	
REQUIRED SIGNATURE:		
	<i></i>	
Signature of dr	nember or an authorized representative of a r	nember.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Robert J Batson

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

FILED

2010 MAY 2.1 AM H: 25

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Page 2, Article IV-Managers (continued)

Title

Name and Address:

MGR

Robert Batson

13843 Pine Villa LN

Fort Myers, FL 33912