#922 P.001/003

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES. INC.

Account Number : 075350000353

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO. CMJ ORLANDO LLC

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B. BOSTICK

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APR 16 2014

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CMJ ORLANDO LLC (Must end with the words "Limited L	lability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Malling Address:
c/o Malatesta Paladino, Inc. 139-19 109th Avenue Jamaica, NY. 11435	cio Melatesta Patadino, Inc. 139-19 108th Avenue Jamaica, NY 11435
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Panother business entity with an active Piorida registration.	tegistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	igent are:
BLUMBERGEXCELSIOR COP Name	RPORATE SERVICES, INC
155 Office Plaza Drive, 1st Fl. Plorida street address (P.O. Box	NOT acceptable)
TALLAHASSEE City	Fl. 32301 Zip
Having been named as registered agent and to accept serv	vice of process for the above stated limited liability compan

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..

Asst. Secretay, Jose Mojica

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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.. .:)

Title: AMBR" = Authorized Member	Name and Address:
MOR" = Manager MGR	Michael Paladino
MON.	c/o Maiatesta Paladino, inc.139-19 109th Ave Jamaica, NY 11435
MGR	Carmine Malatesta c/o Malatesta Paladino, inc.139-19 109th Ave Jamaica, NY 11435
MGR	John Novello c/o Malatesta Paladino. Inc. 139-19 109th Ave Jameloa, NY 11435.
Use attachment if necessary)	
LV: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
CV: Effective date, if other than the d ctive date is listed, the date must be f filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
CV: Effective date, if other than the detive date is listed, the date must be filling.) CVI: Other provisions, if any.	ate of filing:
CV: Effective date, if other than the detive date is listed, the date must be filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (in accordance with section constitutes an affirmation of a payere that any false in	specific and cannot be more than five business days prior to or While The Company of a member.
E V: Effective date, if other than the detive date is listed, the date must be filling.) E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (in accordance with section constitutes an affirmation of any any are that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this documen nder the penalties of popury that the facts stated herein are true, flormation submitted in a document to the Department of State

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