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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FILINGS, INC.
Account Number : C78720000101
Phone : (C80)385-6735
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## LIMITED LIABILITY COMPANY

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JDS ASSOCIATES OF FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

# ARTICLES OF ORGANIZATION FOR JDS ASSOCIATES OF FLORIDA, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I - Name

The name of the Limited Liability Company is:

JDS ASSOCIATES OF FLORIDA, LLC.

#### ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: 6705 Arno Way, Boynton Beach, FL 33437.

#### ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature

The name and the Florida street address of the registered agent are: Benjamin P. Shenkman, Esq., 2160 West Atlantic Avenue, Second Floor. Delray Beach, Florida 33445

Having been named as registered agent 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, Florida Statutes.

Registered/Agent's Signature

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#### ARTICLE IV - Management

The Limited Liability Company is to be managed by the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 30th day of 0 to 2003.

(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)

Authorized Representative Signature

Printed Name: Benjamin P. Shenkman

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