

ACCOUNT NO. : 072100000032

REFERENCE: 644066 72097

AUTHORIZATION:

COST LIMIT : \$ 130

ORDER DATE: March 29, 2000

ORDER TIME: 4:41 PM

ORDER NO. : 644066-005

CUSTOMER NO: 7209779

CUSTOMER: Mr. Marvin Smollar
MARVIN SMOLLAR
MARVIN SMOLLAR

16469 Bridlewood Circle

Delray Beach, FL 33445

DOMESTIC FILING

NAME: THE PJ GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_CERTIFIED COPY

XX PLAIN STAMPED COPY

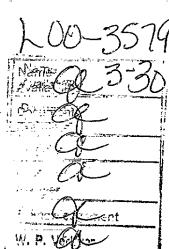
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS:

OO MAR 30 SECRETAR) TALLAHASSI

AH 9: 21 OF STATE



000003189560-

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The PJ Group, LLC

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

16469 Bridlewood Circle, Delray Beach, Florida 33445

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

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

Marvin Smollar

Name

16469 Bridlewood Circle

Florida street address (P.O. Box NOT acceptable)
Delray Beach

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

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

Marvin Smollar, authorized representative of a member Typed or printed name of signee

#### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization Lenchorn
- \$ 25.00 Designation of Registered Agent ev-closes
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL) \_\_\_\_\_evelened