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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations

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From:

Account Name

: FOWLER, WHITE, BURNETT, ET AL

Account Number : 071250001512

Fax Number

: (305)789-9200 : (305)789-9201

LIMITED LIABILITY COMPANY

JOBBINS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION OF JOBBINS, LLC

ARTICLE I

The name of the limited liability company formed hereby is JOBBINS, LLC (the "Limited Liability Company").

ARTICLE II

This Limited Liability Company shall exist perpetually, unless sooner dissolved by resolution of the members or as provided by statute.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

2803 Crystal Court Miami, Florida 33133

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

J. Michael Pennekamp, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

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ARTICLE VI

Initial management of the Limited Liability Company shall be with the sole manager, J. Michael Pennekamp, with address at 2803 Crystal Court, Miami, Florida 33133.

ARTICLE VII

The Members may admit additional Members with the approval of a majority of the Members on such terms and conditions as may be approved by the Members and the additional Member to be admitted.

ARTICLE VIII

The remaining Members of the Limited Liability Company shall have the right to continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

J. Michael Pennekamp, Manager

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is JOBBINS, LLC.
- 2. The name and address of the Registered Agent and Office is:

J. Michael Pennekamp, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Michael Pennekamp, Registered Agent

Date: 4-6-00

JOBBINS, LL

Michael Pennekamp, Manager-

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