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Florida Department of State

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

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To:

Division of Corporations

Fax Number

: (850)922-4003

Account Name

: AKERMAN, SENTERFITT & EIDSON, P.A. (FT.

Account Number : I19980000010

: (954)463-2700

Phone Fax Number

: (954)463-2224

LIMITED LIABILITY COMPANY

GJC Hollywood, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

6/30/00

SECRETARY FALLAHASSE

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ARTICLE I - Name

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is GJC HOLLYWOOD, LLC.

ARTICLE II - Address

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

c/o GEORGE CLEMONS

41 Northwest 128th Avenue Plantation, Florida 33325

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

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

ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company is:

GEORGE CLEMONS

41 Northwest 128th Avenue Plantation, Florida 33325

Prepared by: Jerome L. Wolf, Esq. 350 Fast Las Olas Boulevard, Suite1600 Fort Lauderdale, FL 33301-2227 (954) 463-2700 Florida Bar No. 399302

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Seine 29 2000 (Date)

(Date)

C & H ENTERPRISES, a Florida general parmership

Name: GEORGE CLÉMONS

Title: General Partner

Name: MARTHA CLEMONS

Title: General Partner

PM 1: 08

(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.)

REGISTERED AGENT ACCEPTANCE

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..

IAGENT NAME

Name: GEORGE CLEMONS

(Date)

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