

L000000012930
NIEVES, MELON TAX &
ACCOUNTING SERVICES, INC.
439 W. VINE ST.
KISSIMMEE, FL 34741

July 24, 2000

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-10/19/00--01098--009

***125.00 ***125.00

Florida Department of State
Bureau of Corporate Records
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear sirs:

Enclosed you will find the Articles of Organization for
Florida Limited Liability Company for J.M.T. OF CENTRAL FL. L.L.C.
along with a check for 125.00 for filing, certified copy, and
registered agent designation fees.

Please send acknowledgement to:

Nieves, Melon Tax & Accounting Services, Inc.
439 W. Vine St.
Kissimmee, Florida 34741

00 OCT 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

L00-12930
QR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

J.M.T. OF CENTRAL FL. L.L.C.

ARTICLE II - Address:

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

710 E. ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

THIS LIMITED LIABILITY COMPANY SHOULD HAVE A PERPETUAL EXISTENCE.

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

JOSE RESTREPO 710 E. ALTAMONTE DR.
ALTAMONTE SPGS, FL 32701

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00 OCT 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI - Members Rights to Continue Business:

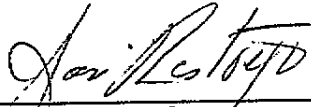
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____

certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ _____;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ _____.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE S. RESTREPO

Typed or printed name of signer

NOV 19 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: J.M.T. OF CENTRAL FL "L.L.C."

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

JOSE S. RESTREPO

NAME

531 HARVARD PL.

Florida street address (P. O. Box NOT ACCEPTABLE)

APOPKA

FL

32703

CITY, STATE AND ZIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 19 PM 5:00

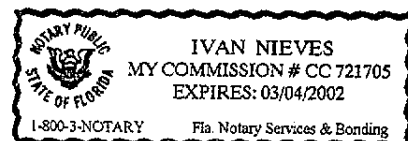
FILED

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.

Jose Restrepo
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

Ivan Nieves
IVAN NIEVES - Notary Public



IN WITNESS WHEREOF, We the undersigned sign my name this 17th
DAY of OCTOBER, 2000. and affirm under the penalties of
perjury that the statements in these Articles are true.

Jose Restrepo

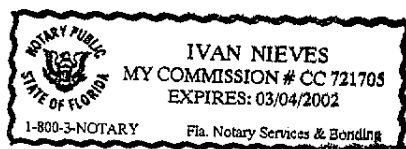
State of FLORIDA

County of ORANGE

On this date OCTOBER 17, 2000, before me personally appeared,
JOSE S. RESTREPO to me known and
known to me to be the individual described in and who executed the
foregoing instrument, and such person duly acknowledged to me that
he understood the meaning of the instrument and that he
executed the same as his act and deed, and as a Member of the LLC
named therein, and with full authority to act on behalf of such
LLC, and that he is over the age of 18.

Ivan Nieves

Notary Public-State of Florida



My commission expires:

FILED
00 OCT 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA