Florida Department of State

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

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(((H01000034228 6)))

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To:

Division of Corporations

Fax Number

: (850)922-4003

From:

Account Name

: DELOACH & HOFSTRA, P.A.

Account Number : I19990000123

Phone

: (727)397-5571

Fax Number

: (727)393-5418

LIMITED LIABILITY COMPANY

Jackfar, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 5, 2001

DELOACH & HOFSTRA, P.A.

SUBJECT: JACKFAR, L.L.C.

REF: W01000007659

FILED
OI APR -5 PH 12: 52
SECRETASSEE, FLORIGA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt Document Specialist FAX Aud. #: H01000034228 Letter Number: 701A00020180 FACSIMILE AUDIT NO.: HO1000034228 6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is JACKFAR, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 8320 73rd Court North, Pinellas Park, Florida 33781.

ARTICLE III - DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT:

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:

Jack Ayoub

8320 73rd Court North Pinellas Park, FL 33781

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

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

N/A

ARTICLE VI - MEMBERS RIGHT 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 in the limited liability company shall be:

N/A

1

PREPARED BY: PETER T. HOFSTRA, ESQ. DELOACH & HOFSTRA, P.A. 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772 (727) 397-5571 FLA. BAR NO.: 229784

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OI APR -5 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JACK AVOIR

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 4th day of April, 2001, by JACK AYOUB. He is personally known to me or has produced as identification.

Karen Henley

MY COMMISSION / CC860220 EXPIRES
June 30, 2001

BONDED THRU TROY FAIN WISURANCE, INC.

(Signature of Notary) Healey

(Name of notary, printed or stamped)

NOTARY PUBLIC

(Serial Number, if any)

. FACSIMILE AUDIT NO.: HO1000034228 6

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 JACKFAR, L.L.C.
- 2. The name and Florida street address of the registered agent and office is: Peter T. Hofstra, Esquire, 8640 Seminole Boulevard, Seminole, Florida 33772.

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.

PETER T. HOFSTRA

Dated: April 4, 2001

JI APR -5 PM IZ: 53 BECRETARY OF STATE LLAHASSEE, FLORID