



L010000016345

ACCOUNT NO. : 072100000032

REFERENCE : 570207 162388A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : September 21, 2001

ORDER TIME : 2:40 PM

ORDER NO. : 570207-005

CUSTOMER NO: 162388A

CUSTOMER: Joseph A. Murphy, Iii, Esq
Joseph A. Murphy, Iii, Esq.

516 Camden Avenue

Stuart, FL 34994

700004604727--3
-09/24/01--01002--001
****125.00 ****125.00

DOMESTIC FILING

NAME: J & E, L.L.C.

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS:

RECEIVED
01 SEP 21 PM 3.20
DIVISION OF CORPORATION

01 SEP 21 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9-24-01

ACCOUNT
AND
FILED



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 21, 2001

CSC
SARA LEA

SUBJECT: J & E, L.L.C.
Ref. Number: W01000022017

We have received your document for J & E, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

The document must contain both the street address of the principal office and the mailing address of the entity.

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 901A00052954

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR J & E, L.L.C.

ARTICLE I – NAME:

The name of the Limited Liability Company is: **J & E, L.L.C.**

ARTICLE II – Address:

The mailing address and street address of the principal office shall be:
1395 SW 34th Street, Palm City, Florida 34990.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company is perpetual.

ARTICLE IV – Management:

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

John Stiburek
1395 SW 34th Street
Palm City, FL 34990

Eric Olson
4187 SE Quinton
Stuart, FL 34997

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: upon determined by the unanimous vote of the managing members.

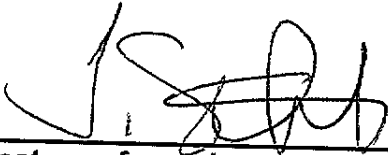
ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion,

01 SEP 21 PM 2:59
CLERK OF STATE
TALLAHASSEE, FL 32309

APPROVED
AND
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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: in absolute discretion of the remaining member(s).



Signature of member or authorized representative of a member.
JOHN STIBUREK

(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.)

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TALLAHASSEE, FLORIDA

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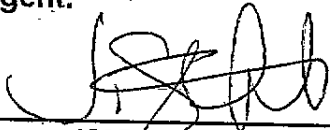
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507,
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY
SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is: **J & E, L.L.C**
2. The name and address of the registered agent and office is:

**JOHN STIBUREK
1395 SW 34th STREET
PALM CITY, FL 34990**

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.



(SIGNATURE)

9-11-07

(DATE)

Filing Fee: \$35.00 for Designation of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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