

## 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)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

# LIMITED LIABILITY COMPANY

Jossy-Berg Family LLC

| Certificate of Status | Λ        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

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### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 7, 2001

AGENTS AND CORPORATIONS, INC.

SUBJECT: JOSSY-BERG FAMILY LLC REF: W01000025724

TALLAHASSEE FLORIDA

01 NOV -8

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SECTION OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF DRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: Jossy-Berg Family LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4135 NE Alameda, Portland, Oregon 97212

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Agents and Corporations, Inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been named as registered agent and to accept services 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.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

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

(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.)

Gabriel Berg

Typed or printed name of signer

SECRETARY OF STATE

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