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ACCOUNT NO. : 072100000032

REFERENCE : 578416 9238A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
02 MAY 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 13, 2002

ORDER TIME : 8:32 AM

ORDER NO. : 578416-005

CUSTOMER NO: 9238A

100005508771--1

CUSTOMER: Donna Barfield, Esq
Donna Barfield P.a.

319 Hibiscus Street

West Palm Beach, FL 33401

AL

DOMESTIC FILING

NAME: JRP HOLDINGS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

RECEIVED
02 MAY 14 AM 10:26
DIVISION OF CERTIFICATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JRP HOLDINGS, LLC

ARTICLE II - Address:

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

85 PACER CIRCLE, WELLINGTON, FL 33414

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

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

PAUL LEVELLE
Name
85 PACER CIRCLE
Florida street address (P.O. Box **NOT** acceptable)
WELLINGTON, FL 33414
City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

Paul Leville
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)

Paul Leville
Signature of a member or an authorized representative 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.)

PAUL LEVELLE
Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)