



L020000013769

ACCOUNT NO. : 072100000032

REFERENCE : 599259, 7338243

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : May 28, 2002

ORDER TIME : 11:29 AM

ORDER NO. : 599259-001

CUSTOMER NO: 7338243

CUSTOMER: Mr. Theodore M. Sabarese
Mr. Theodore M. Sabarese

4330 Ne 22nd Ave

Fort Lauderdale, FL 33308

DOMESTIC FILING

NAME: JT - CHELSEA ASSOCIATES, LLC

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: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN -5 PM 1:41

FILED

800005692828-8

DEPARTMENT OF STATE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

02 JUN -5 PM 1:07

RECEIVED

L02-13769
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JT - CHELSEA ASSOCIATES, LLC

ARTICLE II - Address:

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

4330 NE 22ND AVENUE, Fort Lauderdale, FL 33308

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

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

THEODORE M. SABARESE

Name

4330 NE 22ND AVENUE

Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33308

City, State, and Zip

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.

THEODORE M. SABARESE

By: THEODORE M. SABARESE

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)

Deborah D. Skipper

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.)

DEBORAH D. SKIPPER

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**MEMBERS OF
JT – CHELSEA ASSOCIATES, LLC**

Theodore M. Sabarese
4330 NE 22nd Avenue
Fort Lauderdale, FL 33308

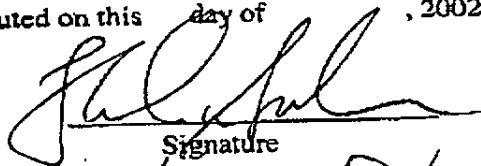
John Amodeo
100 S. Birch Road
Apartment 1401
Fort Lauderdale, FL 33316

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of JT - CHELSEA ASSOCIATES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this _____ day of _____, 2002


Signature

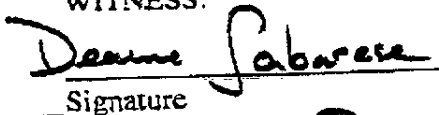
Theodore Sabarese
Print Name of Signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN -5 PM 1:41

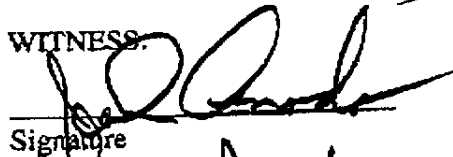
FILED

WITNESS:


Signature

DEANNE SABARESE
Print Name of Witness

WITNESS:


Signature

John Amodeo
Print Name of Witness