

H02000020929

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

JABEZ INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

W02-23594



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

August 15, 2002

EMPIRE

SUBJECT: JABEZ INTERNATIONAL , LLC
REF: W02000023594

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DIVISION OF CORPORATIONS

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DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
JABEZ INTERNATIONAL, LLC

2002 AUG 15 PM 4:13
FILED
DIANE M. COOPERATIONS
TALLAHASSEE, FLORIDA

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under Chapter 608 of Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

Jabez International, LLC

SECOND: The Limited Liability Company shall continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 215 Celebration Place, Suite 500, Celebration, Florida 34747, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is Tom Cochran.

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.


Tom Cochran

FIFTH: The mailing address and principal office of the Limited Liability Company is 215 Celebration Place, Suite 500, Celebration, Florida 34747.

SIXTH: The Limited Liability Company will be operated by the Members, and no manager will be appointed. The names and addresses of the Members are: Tom Cochran and Brian Thompson, 215 Celebration Place, Suite 500, Celebration, Florida 34747.

SEVENTH: The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The membership interests of the Members are evidenced by Certificates of Membership.

TENTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the majority vote or consent of the Members.

ELEVENTH: The remaining Members of the Limited Liability Company, by the unanimous vote of Members holding a majority of the Members' Percentage Interests (other than the Member who caused the

Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

TWELFTH: The names and addresses of the Members and Organizers of the Limited Liability Company are: Tom Cochran and Brian Thompson, 215 Celebration Place, Suite 500, Celebration, Florida 34747.

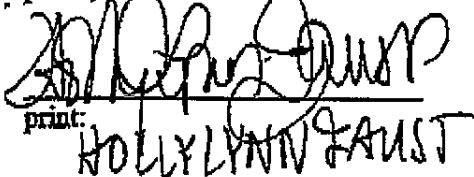
THIRTEENTH: None of the Members of the Limited Liability Company are liable for payment of any debt, obligation or other liability of the Limited Liability Company.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on August 14, 2002.

In the presence of:



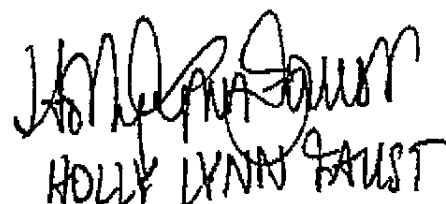
Tom Cochran


print: MARK RUTLEDGE
print: HOLLY LYNN FAUST

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DIJONNE CORPORATION
TALLAHASSEE, FLORIDA


Brian Thompson
print: MARK RUTLEDGE

print: _____


HOLLY LYNN FAUST

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JILL SANFORD
NOTARY PUBLIC
TALLAHASSEE, FLORIDA

STATE OF FLORIDA, COUNTY OF OSCEOLA, ss.

The foregoing instrument was acknowledged before me on the 14 day of August, 2002, by
Tom Cochran.

Jill Sanford
Printed Name:

Notary Public
My Commission Expires:



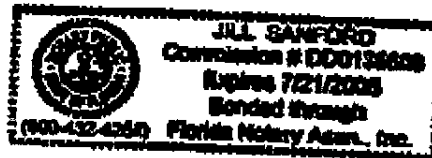
Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:

STATE OF FLORIDA, COUNTY OF OSCEOLA, ss.

The foregoing instrument was acknowledged before me on the 14 day of August, 2002, by
Brian Thompson.

Jill Sanford
Printed Name:

Notary Public
My Commission Expires:



Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:

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