Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : LEVIN AND TANNENBAUM, P.A.

Account Number : I19980000105

: (941)316-0111 Phone

Fax Number : (941)366-8491

LIMITED LIABILITY COMPANY

JAB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Audit # H02000187462 5

ARTICLES OF ORGANIZATION

JAB, LLC a Florida limited liability company

ARTICLE I

The business and affairs of the Limited Liability Company shall be conducted under name of:

JAB, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

7861 Saddle Creek Trail Sarasota, Florida 34241

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Joseph A. Bolognese

7861 Saddle Creek Trail Sarasota, Florida 34241

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

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Joseph/A. Bolognese

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

JAB, LLC

2. The name and the Florida street address of the registered agent

Joseph A. Bolognese

7861 Saddle Creek Trail Sarasota, Florida 34241

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: /4ugust 29 2002

loseph A. Bolognese

"REGISTERED AGENT"

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