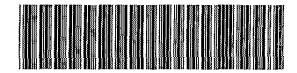
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ARTICLES OF ORGANIZATION

ARTICLE I – NAME:

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SJAR ENTERPRISES, LLC



ARTICLE II - ADDRESS:

THE MAILING ADDRESS AND THE STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

10921 NORTH WEST 49TH DRIVE CORAL SPRINGS, FLORIDA 33076

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

SHARON ANN RESMONDO 10921 NORTH WEST 49TH DRIVE CORAL SPRINGS, FLORIDA 33076

Jah

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 OBLIGTIONS OF MY POSITION AS REGISTERED AGENT AS PROVIDED FOR IN CHAPTER 608, F.S.

Registered Agent's Signature

02 OCT 31 AM II: 43

SINGATURE OF AN AUTHORIZED REPRESENTATIVE OF A MEMBER

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHARON ANN RESMONDO

ARTICLES OF ORGANIZATION

ARTICLE I - NAME:

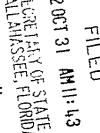
THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SJAR ENTERPRISES, LLC

ARTICLE II - ADDRESS:

THE MAILING ADDRESS AND THE STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

10921 NORTH WEST 49TH DRIVE CORAL SPRINGS, FLORIDA 33076



ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

SHARON ANN RESMONDO 10921 NORTH WEST 49TH DRIVE CORAL SPRINGS, FLORIDA 33076

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Registered Agent's Signature

SINGATURE OF AN AUTHORIZED REPRESENTATIVE OF A MEMBER

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHARON ANN RESMONDO

Secretary of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 (850)245-6051

Gentlemen:

Enclosed please find two (2) sets of ARTICLES OF ORGANIZATION for SJAR ENTERPRISES, LLC, plus our check in the amount of \$130.00 in payment

- of: 1) \$100.00 Filing Fee for Articles of Organization
 - 2) \$ 25.00 Designation of Registered Agent
 - 3) \$ 5.00 Certificate of Status

My name, address and daytime telephone number is as follows:

Sharon Ann Resmondo 10921 North West 49th Drive Coral Springs, Florida 33076 (954) 227-3421

Thank you for your cooperation.

Very truly yours,

Sharon Ann Resmondo

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SECRETARY OF STATE
TALLANASSEE, FLORID