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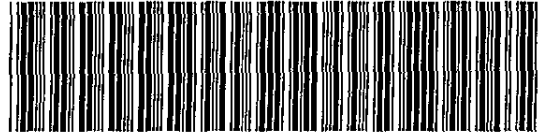
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**J. B. ENTERPRISE  
P.O. BOX 2033  
JACKSONVILLE, FLORIDA 32202  
(904) 612-1369**

November 15, 2002

Office of the Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

IN RE: **J.B. ENTERPRISE, L.L.C.**

Dear Sir:

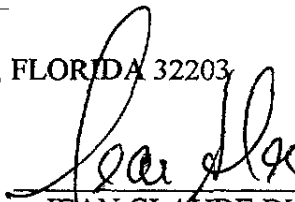
Enclosed please find the original and one copy of the Articles Of Organization For Florida Limited Liability Company, which includes the designation of registered agent, together with my check in the amount of \$125.00 for filing same.

Thank you for your usual prompt attention to these matters.

Please return letter of acknowledgement to:  
J.B. ENTERPRISE, L.L.C.

P.O. BOX 2033

JACKSONVILLE, FLORIDA 32203

  
\_\_\_\_\_  
JEAN CLAUDE BLAXTON, SR.

Enclosures: Three



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

November 20, 2002

JEAN CLAUDE BLAXTON, SR.  
P.O. BOX 2033  
JACKSONVILLE, FL 32202

SUBJECT: J.B. ENTERPRISE, L.L.C.  
Ref. Number: W02000033065

We have received your document for J.B. ENTERPRISE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 602A00062740

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1- Name:**

The name of the Liability Company is:

**J.B. ENTERPRISE, L.L.C.**

**ARTICLE II- Address:**

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

**POST OFFICE BOX 2033  
JACKSONVILLE, FLORIDA 32202**

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

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

**JEAN CLAUDE BLAXTON, SR**

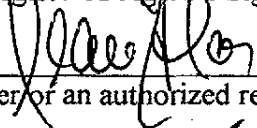
**1488 SEKANI COURT**

**ORANGEPARK, FLORIDA 32065**

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FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Having been named as registered 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

  
\_\_\_\_\_  
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.)

**JEAN CLAUDE BLAXTON, SR.**

STATE OF FLORIDA

)

COUNTY OF DUVAL

)

Before me, the undersigned authority, personally appeared **JEAN CLAUDE BLAXTON, SR.**, Who is to me well known to the person described in and who produced FL DL B42346344280 as identification and who subscribed the above Articles of Organization For Florida Limited Liability Company, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS THEREOF, I have hereunto set my hand and my official seal, at Duval, Florida in said County and State this 15<sup>th</sup> day of November, 2002.



Notary Public

My Commission Expires:



Diane M Tsit

My Commission CC863377

Expires August 16, 2003