Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : WATTERSON, HYLAND & KLETT

Account Number: 073410002775 : (561)627-5000 Phone : (561)627-5600 Fax Number

LIMITED LIABILITY COMPANY

JONES HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

LOD-35235

Fax Audit No.: H02000242803 3

ARTICLES OF ORGANIZATION FOR JONES HOLDINGS, LLC

a Florida Limited Liability Company

ARTICLE I

The name of the Limited Liability Company is:

JONES HOLDINGS, LLC

ARTICLE II

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

5600 PGA Boulevard, Suite 204 Palm Beach Gardens, FL 33418

ARTICLE III

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

Malcolm F. Jones 5600 PGA Boulevard, Suite 104 Palm Beach Gardens, FL 33418

ARTICLE IV

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Malcolm F. Jones

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 befrein are true.

Malcoim F. Jones

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CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENTS TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OFFICE FLORIDA.

1. The name of the Limited Liability Company is:

JONES HOLDINGS, LLC

2. The name and street address of the registered agent and office is:

Malcolm F. Jones 5600 PGA Boulevard, Suite 204 Palm Beach Gardens, FL 33418

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, Florida Statutes.

MALCOLME IONES

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