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SECRETARY OF STATE
FALLARASSEE FLORIDA

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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### ARTICLES OF ORGANIZATION

**OF** 

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### J & J CONCEPTS, L.L.C.

**FIRST:** The name of the Limited Liability Company is J & J CONCEPTS, L.L.C.

**SECOND:** The mailing address and street address of the principal office of this Limited Liability Company is 777 So. Flagler Drive, Suite 900, Phillips Point, West Tower, West Palm Beach, Florida 33401.

THIRD: The street address of the initial Registered Office is Kaye Scholer LLP, 777 S. Flagler Drive, Suite 900, Phillips Point, West Tower, West Palm Beach, Florida 33401, and the name of the initial Registered Agent of this Limited Liability Company at that address is Abraham M. Mora.

Abraham M. Mora, Esquire

## CERTIFICATE DESIGNATING REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANYS SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA TO SERVICE OF STATE OF STATE OF FLORIDA TO SERVICE OF STATE OF STAT	
The name of the Limited Liability Company is: J & J CONCEPTS, L.L.C.	
The name of the registered agent is: ABRAHAM M. MORA, ESQUIRE	j J
The address of the registered office is: KAYE SCHOLER LLP, 777 SOUTH FLAGLER DRIVE, SUITE 900, PHILLIPS POINT, WEST TOWER, WEST PALM	

BEACH, FLORIDA 33401.

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 obligation of my position as registered agent.

Abraham M. Mora, Esquire Da

Date