Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000085355 3)))

Note: DO NOT hit the REFRESH/RELOAD builton on your browser from this SIUN OF CORPORATION page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)205-0383

From:

Account Name : HAILE, SHAW &PFAFFENBERGER, D.A.

Account Number : 076326003550 Phone : (561)627-8100

Fax Number : (561)622-7603

LIMITED LIABILITY COMPANY

Nam e Availabilit y	
Document Examiner	ರಿಟರಿ
Updater	DCC
Hodater Vorityer	DCC
/.cl.nowledgement	DCC
W P erifyer	DCC

LTJN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	E+10
Estimated Charge	\$125.00

3/19/03

H03000085355

ARTICLES OF ORGANIZATION

OF

LTJN, LLC

The undersigned member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company shall be LTJN, LLC (the "Company").

ARTICLE II - ADDRESS

The malling address and street address of the principal office of the Company is 11780 U.S. Highway #1, Suite 400, North Palm Beach, Florida 33408.

ARTICLE III - REGISTERED AGENT

The name of the registered agent of the Company in the State of Florida is James H. Schnare II, and his office address is 11780 U.S. Highway #1, Suite 300, North Palm Beach, Florida 33408.

ARTICLE IV - MANAGEMENT BY MANAGER

The Company is to be a manager-managed limited liability company.

IN WITNESS WHEREOF, the undersigned has made, subscribed and affirmed these Articles of Organization under the penalties of perjury as the duly authorized representative of the members of the Company at North Palm Beach, Florida, this 19th day of March, 2003.

James H. Schnare II, as Authorized

Representative

H03000085355

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned submits the following statement to accept the designation of registered office and agent in the State of Florida set forth in Article III of the foregoing Articles of Organization..

- The name of the limited liability company is LTJN, LLC.
- 2. The name of the registered agent in the State of Florida is James H. Schnare II, an individual resident of Florida.
- 3. The address of the registered agent in the State of Florida is 11780 U.S. Highway #1, Suite 300, North Palm Beach, Florida 33408.

THE UNDERSIGNED HEREBY accepts his appointment as Registered Agent of the aforesaid Limited Liability Company. I am familiar with, and accept the obligations of, Section 608.415 of the Florida Statutes.

James H. Schnare II

SECUEIT 19 BM 44 70