Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

: PROSKAUER ROSE LLP Account Name

Account Number : 074673001063 : (561)995-4751 Phone Fax Number : (561)241-7145

LIMITED LIABILITY COMPANY

Jint Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JINT MANAGEMENT, LLC

ARTICLE II - Address:

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

405 N.E. 2nd Avenue, Hallandale, FL 33009

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

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

Morris Vahnish	
	Name
405 N.E. 2nd Avenue	
Florida street ac	idress (P.O. Box <u>NOT</u> acceptable)
Hallandale	FL. 33009
	City, State, and Zip

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 proyided for in Chapter 608. F.S.

Registered Agent's Signature

(An additional-article must be added if an effective date is requested)

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 afficiention under the penalties of perjury that the facts stated herein are true.)

Morris Vahnish, President of Jint Property Management, Inc., Mgr Typed or prioted name of signer

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

FLOSE . INCOMOSI C I Syrum Cash

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