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(City/State/Zip/Phone #)

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**FILED**  
03 JUL 31 AM 8:00  
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TALLAHASSEE, FLORIDA

① name must be the same through out document.

REEGLER & TORNESE, P.A.

ATTORNEYS AT LAW  
1521 SOUTH TAMiami TRAIL  
SUITE 304  
SOUTH BRIDGE PARK  
VENICE, FLORIDA 34292

PHONE (941) 497-6255  
FAX (941) 497-7806  
EMAIL reeglertornese@yahoo.com

SARI LYNN REEGLER  
CERTIFIED FAMILY MEDIATOR

LAWRENCE C. TORNESE

July 11, 2003

Corporate Division  
Secretary of State  
409 East Gaynes Street  
Tallahassee, Florida 32399

FILED  
03 JUL 31 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

Please find enclosed herewith the original and two copies of the Articles of Organization of JAWC, L.L.C. Also enclosed is a check in the amount of \$125.00 for the filing fees for said Articles and for certified copies.

Very truly yours,

REEGLER & TORNESE, P.A.

By:

  
JOY BURROUGHS LEAR, CLAS  
Certified Paralegal - Civil Litigation Specialist

REEGLER & TORNESE, P.A.

ATTORNEYS AT LAW  
1521 SOUTH TAMiami TRAIL  
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SOUTH BRIDGE PARK  
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SARI LYNN REEGLER  
CERTIFIED FAMILY MEDIATOR

LAWRENCE C. TORNESE

July 29, 2003

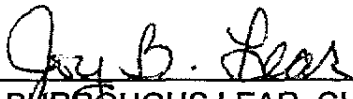
Diane Cushing, Document Specialist  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Please find enclosed herewith the original and two copies of the Articles of Organization of JAWC, Limited Liability Company. Also enclosed is a copy of your correspondence dated July 17, 2003.

Very truly yours,

REEGLER & TORNESE, P.A.

By:   
JOY BURROUGHS LEAR, CLAS  
Certified Paralegal - Civil Litigation Specialist

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">20-0065753</div> OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested <u>JAWC LLC</u>					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name <u>CARE OF JAMES KRAUT</u>		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) <u>428 PALMETTO COURT</u>			5a Street address (if different) (Do not enter a P.O. box)		
4b* City, state, and ZIP code <u>VENICE FL 34285 -</u>			5b City, state, and ZIP code		
6* County and state where principal business is located County <u>SARASOTA</u> State <u>FL</u>					
7a* Name of principal officer, general partner, grantor, owner, or trustor <u>JAMES S KRAUT</u>			7b* SSN, ITIN, EIN <u>187-52-4817</u>		
8a* Type of entity (check only one)					
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> State/local government	
<input checked="" type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Corporation (enter form number to be filed) ▶		<input type="checkbox"/> Trust (SSN of grantor)		<input type="checkbox"/> Indian tribal government/enterprises	
<input type="checkbox"/> Personal Service		<input type="checkbox"/> National Guard			
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC			
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Group Exemption NO. (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country	
9* Reason for applying (check only one)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>REAL ESTATE SALES</u>		<input type="checkbox"/> Banking purpose (specify purpose) ▶		<input type="checkbox"/> Changed type of organization (specify new type) ▶	
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type) ▶	
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a pension plan (specify type) ▶			
<input type="checkbox"/> Other (specify) ▶					
10* Date business started or acquired (month, day, year) <u>JUL 1 2003</u>			11* Closing month of accounting year <u>DEC</u>		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year).....</i> ▶					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "0".....</i> ▶				Agriculture	Household
				<u>0</u>	<u>0</u>
14* Check box that best describes the principal activity of your business					
<input type="checkbox"/> Construction		<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Health care & social assistance	
<input checked="" type="checkbox"/> Real estate		<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Accommodation & food service	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Retail	
<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-agent/broker		<input type="checkbox"/> Wholesale-other	
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>REAL ESTATE SALES</u>					
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... 1 : Yes <input checked="" type="checkbox"/> No					
<i>Note: If "Yes" please complete lines 16b and 16c</i>					
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.					
Legal name ▶					
Trade name ▶					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.					
Approximate date when filed (month, day, year)		City and state where filed		Previous EIN	
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Third Party Designee		Designee's name <u>JOHN F DOWD CPA</u>		Designee's telephone number (include area code)	
		Address and ZIP code <u>1521 S TAMiami TR 303 VENICE FL 34285 -</u>		<u>( 941 ) 493 - 5299</u>	
				Designee's fax number (include area code) <u>( 941 ) 493 - 3290</u>	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.					
Name and title (type or print clearly) ▶ <u>JAMES S KRAUT</u>				Applicant's telephone number (include area code) <u>( 941 ) 650 - 1507</u>	
Signature ▶ Not Required				Applicant's fax number (include area code) ( ) -	
Date ▶ <u>July 01, 2003 GMT</u>					



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 17, 2003

JOY BURROUGHS LEAR, CLAS  
REEGLER & TORNESE, P.A.  
1521 S. TAMiami TRAIL, STE 304  
VENICE, FL 34292

SUBJECT: JAWC LIMITED LIABILITY COMPANY  
Ref. Number: W03000020419

We have received your document for JAWC LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The Name in the heading, Article 1 and on the Certificate Designating the registered agent have different names. Please make them all the same.

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 403A00042075

**ARTICLES OF ORGANIZATION OF  
JAWC, Limited Liability Company**

09 JUL 31 2009  
TALLAHASSEE  
SECRETARY OF STATE  
FILED

KNOW ALL MEN BY THESE PRESENTS: That we, JAMES S. KRAUT and MARYANN C. KRAUT, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, do establish:

1. Company Name. That the name of the limited liability company is JAWC, Limited Liability Company.

2. Duration. That the period of duration of this Limited Liability Company shall be perpetual from the date of filing hereof with the Florida Secretary of State, unless sooner dissolved as provided by statute.

3. Purpose. That the purpose for which this Limited Liability Company is organized is primarily to buy, sell, hold, improve, lease, operate and otherwise deal in all types of real estate and secondarily to engage in all lawful types of business, as from time to time determined by the Members, except banking or insurance.

4. Principal Place of Business. That the address of its principal place of business is 428 Palmetto Court, Venice, FL 34285.

5. Registered Agent & Office. That the name of its registered agent, whose Consent to Appointment as Registered Agent accompanies these articles, is Sari Lynn Reegler, Reegler & Tomese, PA. The address of the agent at the registered office is 1521 South Tamiami Trail, Suite 304, Venice, Florida 32492.

6. Capitalization. That the capital contributions of the Members, which is their respective undivided interests, having an agreed value totaling \$1,000.00 should be allocated as follows:

James S. Kraut	\$500.00
Maryann C. Kraut	\$500.00

7. Additional Contributions of Members. Members may make additional contributions to capital and any such additional contributions shall be construed in accordance with the terms of the Operating Agreement of this Company.

8. Admission of Additional Members. That additional Members may be admitted only with the unanimous consent of all Members entitled to participate in management, upon such terms as are unanimously agreed to by all Members, and in accordance with the terms of the Operating Agreement of the Company.

9. Continuity of life. That the remaining Members of the limited liability company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued Membership of a Member in this limited liability company in accordance with the terms of the Operating Agreement of the Company.

10. Management/Operating Agreement. The manner in which the Company conducts its business and affairs, the duties and authority of its managers and officers, and the rights and obligations of its members, shall be set forth in the Operating Agreement adopted by the initial members of the company. Said operating Agreement may be amended from time to time in accordance with the provisions contained therein.

11. Transfers. No interest in the Company may be transferred except as specifically set forth in the Operating Agreement of the Company.

12. Liability. Members of the Company are not liable under a judgment, decree or order of a court, or in any other manner, for a debt, obligation or liability of the Company.

DATED this 3 day of July, 2003.

  
\_\_\_\_\_  
JAMES S. KRAUT

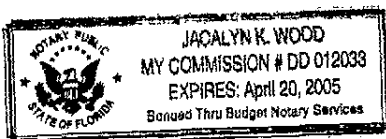
  
\_\_\_\_\_  
MARYANN C. KRAUT

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to or affirmed and signed before me on 7/3/13 by JAMES S. KRAUT.

Personally known  
 Produced identification  
Type of identification produced  
\_\_\_\_\_

  
\_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA



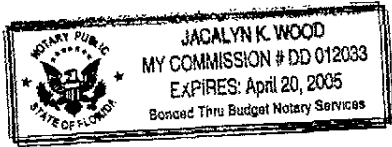
FILED  
JUL 11 2003  
STATE OF FLORIDA  
8:00 AM

Print, type or stamp commissioned name of notary

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to or affirmed and signed before me on 7/3/03 by MARYANN C. KRAUT.

Personally known  
 Produced identification  
Type of identification produced



*[Handwritten Signature]*

NOTARY PUBLIC STATE OF FLORIDA

Print, type or stamp commissioned name of notary

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUL 31 AM 8:00

FILED



**CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent/Registered Office, in the State of Florida.

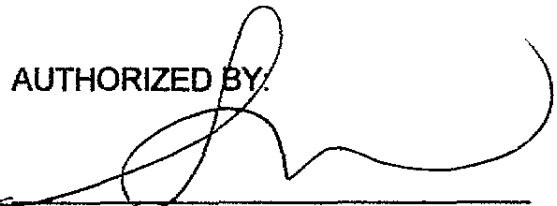
1. The name of the Limited Liability Company is JAWC, Limited Liability Company.

2. The name and address of the Registered Agent and Office is:

Sari Lynn Reegler  
1521 S. Tamiami Trail  
Suite 304  
Venice, Florida 34292

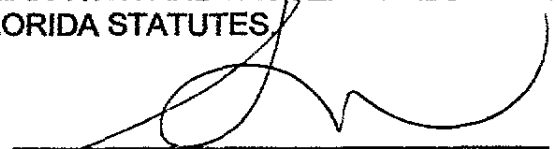
03 JUL 31 AM 8:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUTHORIZED BY:

  
\_\_\_\_\_  
SARI LYNN REEGLER

7/28/03  
\_\_\_\_\_  
(Date)

HAVING BEEN NAMED AND APPOINTED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I ACCEPT THIS APPOINTMENT AND I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, I AM FAMILIAR WITH AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 608.415 FLORIDA STATUTES.

  
\_\_\_\_\_  
Registered Agent

7/28/03  
\_\_\_\_\_  
(Date)