

L 03000028388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

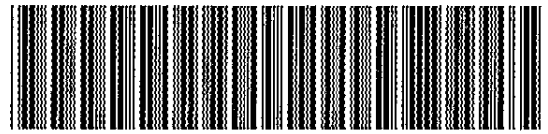
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000021594990

08/01/03--01026--024 \*\*155.00

*MK*

RECEIVED  
03 AUG -1 AM 11:42  
DIVISION OF REGISTRATION

FILED  
03 AUG -1 PM 2:30  
SEALING DIVISION  
TALLAHASSEE FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

03 AUG -1 PM 2:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: CINDY  
DATE: 8-1-03  
REF. #: 0478.18242  
CORP. NAME: AJJM, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 505853 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**AJJM, LLC**

03 AUG - 1 PM 2:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to Florida Limited Liability Company Act, Chapter 608, Florida Statutes, as the same may from time to time be amended (the "Act").

**ARTICLE I  
NAME**

The name of this limited liability company (the "Company") is:

**AJJM, LLC**

**ARTICLE II  
ADDRESS**

The initial mailing address of the Company is 2970 St. Johns Avenue, Unite 8E, Jacksonville, FL 32205. The initial street address of the principal office of the Company is 2970 St. Johns Avenue, Unite 8E, Jacksonville, FL 32205.

**ARTICLE III  
REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered office of the Company for service of process in the State of Florida is as follows:

Gresham R. Stoneburner  
841 Prudential Drive, Suite 140  
Jacksonville, Florida 32207

**ARTICLE IV  
MANAGEMENT**

The Company is to be a manager-managed Company.

**ARTICLE V  
OPERATING AGREEMENT**

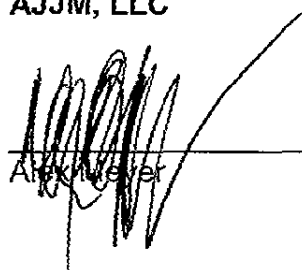
The members shall have the power to adopt, alter, amend or repeal an operating agreement as contemplated by the Act (the "Operating Agreement"). The Operating Agreement adopted by the member(s) may be amended, repealed, or altered or a new Operating Agreement may be adopted, from time to time by the member(s).

**ARTICLE VI  
LIMITED LIABILITY**

No member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned being a Member of the Company, has executed these Articles of Organization as of this 28 day of July, 2003.

**AJJM, LLC**



Alex Wever

03 AUG - 1 PM 2:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
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 STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

**FILED**  
AUG - 1 PM 2:30  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is:

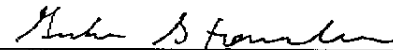
**AJJM, LLC**

2. The name and the Florida street address of the Registered Agent are:

Gresham R. Stoneburner  
841 Prudential Drive, Suite 140  
Jacksonville, FL 32207

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.

Signature of Registered Agent

  
\_\_\_\_\_  
Gresham R. Stoneburner