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DIVISION OF CORPORATIONS

03 OCT 31 PM 2: 02

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find Articles of Organization and check in the amount of \$125.00 for registration of Omega JSM Development.

Best Regards,

Jerome Mobley 1402 Robin Court

Longwood, FL 32750

Daytime: (407) 331-3980

03 OCT 31 PM 2: 02

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
OMEGA JSM DEVELOPE	MENT LLC
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1402 ROBIN COURT	P.O. Box 521576
LONGWOOD, FL. 32750	LONGWOOD, FL: 32752
ARTICLE III - Registered Agent, Registered C The name and the Florida street address of the reg	
DIAZINA CLINA Name	, , , , , , , , , , , , , , , , , , ,
1402 Robin Court Florida street address (P.O.	
	ORATI 2: (
Loneword, FL. City, State, and	FLORIDA, 32750 $\approx \frac{1}{2}$

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 provided for in Chapter, 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	JEROME MOBLEY		
	1402 ROBIN COURT		
·	LONG WOOD, FL. 32750		
MGRM	SEKAL W.M. MOBLEY		, <del></del>
· · · · · · · · · · · · · · · · · · ·	1402 ROBIN COURT		
	LONG WOOD, FC, 32750		
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		10	77
NOTE: An additional article must be	added if an effective date is requested.		
	•		
REQUIRED SIGNATURE:	_		
liono Men	llew		
Signature of a member or an au	thorized representative of a member.		

\_\_\_\_\_

JEROME MOBIEV

Typed or printed name of signee

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

## Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)