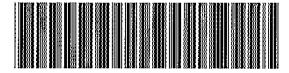
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Charles of Father Alexan)				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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03 NOV 20 AN 10: 49



ACCOUNT NO. : 072100000032

329544 4301763 REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: November 19, 2003

ORDER TIME: 8:42 AM

ORDER NO. : 329544-055

CUSTOMER NO: 4301763

CUSTOMER: Mr. Alex Zbinovsky

Jenkens & Gilchrist Parker

Chapin Llp

405 Lexington Avenue The Chrysler Building New York, NY 10174

### DOMESTIC FILING

NAME:

EJA JACKSONVILLE, LLC

<u> </u>	WELTCHE	79 OI	C. OKGANIZA.	TOT	<b>V</b>		
					;		
PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:

XX\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret |- EXT. 1149

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

EJA Jacksonville LLC

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
810 Seventh Avenue	810 Seventh Avenue				
New York, New York 10019	New York, New York 10019				
ARTICLE III - Registered Agent, Registered Office	e, & Registered Agent's Signature:				
The name and the Floridz street address of the register	ed agent are:				
Corporation Service Company					
Name	•				
1201 Hays Street					
Florida street address (P.O. Box N	(OT acceptable)				
Tallahassee FL 32	2303				
City, State, and Zip					
Having been named as registered agent and to accept so liability company at the place designated in this certific registered agent and agree to act in this capacity. I further statutes relating to the proper and complete performance accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent and to accept so liability company at the place designated in this certification as registered agent and to accept so liability company at the place designated in this certification as registered agent and agree to act in this capacity. I further accept the obligations of my position as registered agent and agree to act in this capacity. I further accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations of my position as registered agent accept the obligations accept th	ate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and at as provided for in Chapter 608, F.S  Brian Courtney Asst. V. Pres				

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:

Name and Address:
ŧ
Michael Ades
810 Seventh Avenue, 28th Floor
New York, NY 10019
Joseph Ades
80 Cutter Mill Road, Suite 205
Great Neck, NY 11021
•

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a mombar of all authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert Ades

Typed or printed name of signee

\$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)