

L040000/6430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

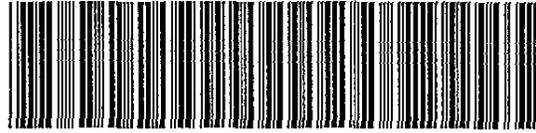
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAR - 2 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Jamesine Stuart Holdings, LLC**
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Craig R. Dearr

CRAIG R. DEARR, P.A.

9130 South Dadeland Boulevard, Suite 1609

Miami, Florida 33156

For further information concerning this matter, please call:

Craig R. Dearr at (305) 670-1237

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the limited Liability Company is

Jamesine Stuart Holdings, LLC

ARTICLE II- Address:

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

Principal Office Address:

18350 N.E. 2 Avenue
Miami, Florida 33179

Mailing Address:

18350 N.E. 2 Avenue
Miami, Florida 33179

ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:

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

Craig R. Dearr

9130 S. Dadeland Boulevard, Suite 1609

Miami, Florida 33156

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

ARTICLE IV-Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
Michael Fichman	18350 N.E. 2 Avenue Miami, Florida 33179
Lynn Wille Fichman	18350 N.E. 2 Avenue Miami, Florida 33179

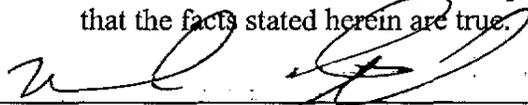
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TALLAHASSEE, FLORIDA

ARTICLE V – Effective Date:

These articles shall be effective upon filing with Secretary of State

REQUIRED SIGNATURE:

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.



Michael Fichman, Managing Member