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J. LEONARD HYMAN NORMAN L. LIPPITT DOUGLAS A. HYMAN BRIAN D. O'KEEFE H. JOEL NEWMAN NAZLI G. SATER EDWARD G. LENNON JOHN A. SELLERS JOSEPH PIA, LL.M. JULIE LYONS KOSOVEC JOHN P. GONWAY TRACEY L. BATEY

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March 2, 2004

Sender's contact information: Phone: (248) 723-1229 Fax: (248) 646-1605

E-mail: bokeefe@hymanlippitt.com

Via Federal Express

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re: JAK, LLC

Dear Sir or Madam:

In connection with the captioned matter, enclosed please find the following:

Transmittal Letter;

2. Articles Of Organization; and

3. Check in the amount of \$155.00.

Please process these documents per your normal procedure. If you have any questions, please feel free to contact me.

Very truly yours,

HYMAN LIPPITT, P.C.

Brian D. O'Keefe

BDO/dw Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Compa | ny is: | | | |
|--|--|-------------|---------------|-------------------------|
| JAK, LLC | | | | |
| ARTICLE II - Address: The mailing address and street address of | the princip | al office | of the Limite | d Liability Company is: |
| Principal Office Address: | =- | <u>Mail</u> | ing Address | <u>:</u> |
| 821 Bay Esplanade | . : | 821 E | ay Esplanade |) |
| Clearwater Beach, FL 33767 | - | Clean | water Beach, | FL 33767 |
| | rise— Se ^{rt} ^e | | | |
| ARTICLE III - Registered Agent, Regis The name and the Florida street address of | | | | ent's Signature: |
| 821 Bay Esplanade | <u>≠</u> | | | -2 |
| Florida street addre | ss (P.O. Box | NOT acce | otable) | 1:58 |
| Clearwater Beach | = = | FLORIDA | 33767 | ∞ # |
| City, | State, and Zi | | | |

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 | Andrew Kroll 821 Bay Esplanade | | | | |
| | | | | | |
| | Clearwater Beach, FL 33767 | | | | |
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| (Use attachment if necessary) | - | | | | |
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| NOTE: An additional article must | be added if an effective date is requested. | | | | |
| REQUIRED SIGNATURE: | | | | | |
| REQUIRED SIGNATURE. | M T | | | | |
| 6 6 4 | | | | | |
| Signature of a member or an | n authorized representative of a member. | | | | |
| (In accordance with section 6 of this document constitutes a that the facts stated herein are | 08.408(3), Florida Statutes, the execution in affirmation under the penalties of perjury etrue.) | | | | |
| Andrew Kroil | _ | 4 | | | |
| | printed name of signee | 0.4 | | | |
| | | 5 | | | |

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)

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