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LIMITED LIABILITY COMPANY

JENMAL PROPERTY LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **JENMAL PROPERTY LLC**

ARTICLE II - Address of Principal Office:

The street address of the principal office of the Limited Liability Company is:
5 South Roscoe boulevard, Ponte Vedra, Florida 32082.

ARTICLE III - Mailing Address of Limited Liability Company:

The mailing address of the Limited Liability Company is P.O. Box 3274, Ponte Vedra, Florida 32004

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature:

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

MaliVal Washington
Name
5 South Roscoe Boulevard
Florida street address (P.O. Box NOT acceptable)
Ponte Vedra, FL 32082
City, State, and Zip

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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 completed 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, F.S.


MaliVal Washington, Authorized Signatory
Date: March 11, 2004

Article V - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.


Signature of a member or an 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.)

MaliVal Washington, President
Typed or printed name of signer

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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