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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

jpym, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - NAME:**

The name of the Limited Liability Company is:
JPYM, L.L.C.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the limited Liability Company is: 1570 Euclid Avenue, Suite # 1, Miami Beach, Florida 33139.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

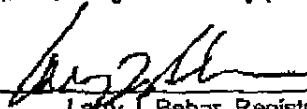
The name and the Florida street address of the registered agent are:

LARRY J. BEHAR, P.A.
888 Southeast Third Avenue
Suite # 400
Fort Lauderdale, Florida 33316

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TALLAHASSEE, FL 32310

AND
FILED

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, F.S..



Larry J. Behar, Registered Agent

ARTICLE IV: 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.

(An additional article must be added if an effective date is requested).


Jean-Pierre Murzilli, Manager - 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.)

JEAN-PIERRE MURZILLI

Typed or printed name of signee

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