

L040000 31 901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

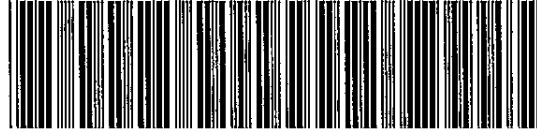
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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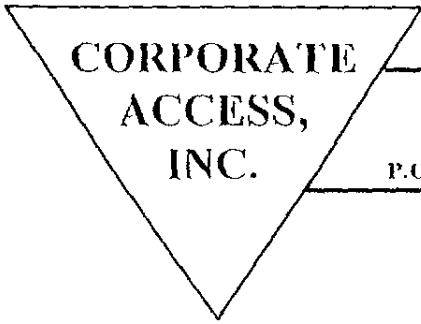
04/27/04--01053--014 **125.00

DIVISION OF REGISTRATION

04 APR 27 PM 1:35

TALLAHASSEE, FLORIDA

04 APR 27 PM 1:50



CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP

4/27/04 *Kmde*

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING

LLC

1.) *JR DAYTONA, LLC*
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

APR 27 PM 1:52
STATE
FLORIDA
TALLAHASSEE

SPECIAL INSTRUCTIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

JR Daytona, LLC**ARTICLE II - Address:**

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

Principal Office Address:777 East Atlantic Ave., Suite Z383Delray Beach, FL 33483**Mailing Address:**777 East Atlantic Ave., Suite Z383Delray Beach, FL 33483**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Paracorp Incorporated


Name

236 East 6th AveFlorida street address (P.O. Box **NOT** acceptable)Tallahassee, FL 32303FLORIDA

City, State, and Zip

04 APR 27 PM 1:52
TALLAHASSEE, FLORIDA
STATE

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- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

David Fioravanti

1875 Century Park East #1300

Los Angeles, CA 90067

(Use attachment if necessary)

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

REQUIRED SIGNATURE:


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 admission under the penalties of perjury that the facts stated herein are true.)

David A. Fioravanti
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 27 PM 1:50

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)