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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GERALD WEINBERG, P.C.
Account Number : 120030000043
Phone : (800)342-9856
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RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

JBM VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA
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Handwritten initials/signature

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JBM VENTURES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P.O. Box 4182

P.O. Box 4182

Albany, NY 12204

Albany, NY 12204

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

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

NationsCorp Registered Agents, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FLORIDA 32301

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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 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.

Alison Hand, Asst Sec

Registered Agent's Signature

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NC855

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	James Toomey 200 South Main Avenue Albany, NY 12208
MGRM	Robert Corcione 33 Norbrick Drive Albany, NY 12205
MGRM	Michael Alvaro P.O. Box 4182 Albany, NY 12204

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Lawrence A. Kirsch
 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.)

Lawrence A. Kirsch, authorized representative
 Typed or printed name of signor

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