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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED
2004 APR 26 PM 3: 15
2004 APR 26 PM 3: 15

J. BRYAN MAY - 4 2004

TRANSMITTAL LETTER

FO: Registration Section Division of Corporations	304 Ap 1/
SUBJECT: JACKSON VILLE OPERATING COMPANY, LLC (Name of Limited Liability Company)	AMARAS PASSES PA
The enclosed Articles of Organization and fee(s) are submitted for filing.	P. P. ORDAS
	·
Row J. Zadeh (Name of Person)	
(Firm/Company)	
400/ RICHMOND PARK DRIVE EAST	
(Address)	
JACKSONVILLE, FL 32224	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
ROW ZADEH at 502 387-8885	
(Name of Person) (Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

LLC	`\`\`\ ! !!
.ZLC	04.
ed Liability Company is	:
<u>s:</u>	
71 M.C	

ARTICLE I - Name:

The name of the Limited Liability Company is:

JACKSONVILLE OPERATING COMPANY, ARTICLE II - Address: The mailing address and street address of the principal office of the Limite Principal Office Address: **Mailing Address** 4001 RICHMOND PARK DRIVERAST JACKSONVILLE, FL 32224

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ROW J. ZADEH

4001 RICHMOND PARK DRIVE EAST Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FLORIDA 32224 City, State, and Zip

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 Managi The name and address of each Manager		All Sopport
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	THE CONTROL OF THE PARTY OF THE
M6R	ROW J. ZADEH 4001 RICHMOND PARK DRIVE JACKSONVILLE, FL 32224	EAST .
MGR	DREW KING 4001 RICHMOND PARK DRIVE E JACKSON VILLE, PL 32224	AST.
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
(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 a	uthorized representative of a member.	
	.408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	
Roal J. 2	FANKLI	

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)

Typed or printed name of signee