Division of Corporations Public Access System

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(((H04000099854 3)))

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To:

Division of Corporations

Fax Number : (850)205-0383

Prom:

Account Name : FOLEY & LARDNER

Account Number: 072720000061 Phone

Fax Number

: (904)359-2000 : (904)359-8700

LIMITED LIABILITY COMPANY

JMT LEASING LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$155.00 |

Electronic Filling Menu.

Corporate Filing

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J. BRYAN MAY - 7 2004

Pax Audit No H04000099854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JMT LEASING LLC

ARTICLE II - Address:

are: 53210

All March State College Andrews Co The mailing address and atreet address of the principal office of the Limited Liability Company are: 5320 SPRINGFIELD BLVD., JACKSONVILLE, FLORIDA 32208.

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

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

DAVID H. HAKER

DAVID H. BAKER

Name

<u>321 ROYAL POINCIANA PLAZA. SOUTH</u> Florida street address (P.O. Box NOT acceptable)

> PALM BEACH, FL. 33480-0431 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 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.

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

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.)

IOHN T. SEFTON, authorized representative Typed or printed name of signos

> FILING FEES: \$100.00 Filing Fee for Articles of Organization 525,00 Designation of Ragistered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Cartificate of Status (OPTIONAL)

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