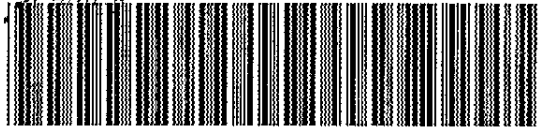


LO4000036392

2004 MAY -6 P 1:53

SECRETARY OF STATE
TALLAHASSEE, FL 32310



000035390380

05/06/04--01079--001 **125.00

(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:

AL

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Jason Mastrangelo LLC.
(Name of Limited Liability Company)

FILED

2004 MAY -6 P 1:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Mastrangelo
(Name of Person)

Jason Mastrangelo LLC.
(Firm/Company)

1238 Block Island Rd.
(Address)

Wellington FL. 33414.
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Mastrangelo. at 561 793-6877
(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**

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jason Mastrangelo LLC

2004 MAY -6 P 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1238 Black Island Rd.
Wellington FL 33411

Mailing Address:

Same

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

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

Jason Mastrangelo

Name

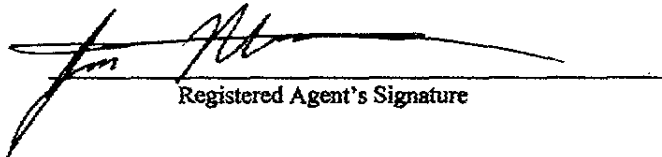
1238 Black Island Rd.

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

Wellington FL FLORIDA 33411

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

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

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

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 MAY -6 P 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

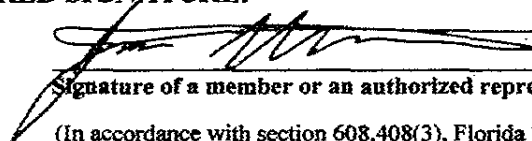
MGR
MGRM →

Jason Mastrangelo
1238 Black Island Rd
Wellington FL 33414

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

Jason Mastrangelo
Typed or printed name of signee

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)