

604000042052

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000118569 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : SHAPIRO & ADAMS, P.A.
Account Number : I19990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

RECEIVED
FALLS CHURCH, VIRGINIA
JUN 03 2004

04 JUN -3 AM 10:07

FILED

LIMITED LIABILITY COMPANY

Building 500/J.C.M., LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

04 JUN -3 PM 2:44

DIVISION OF CORPORATION

604-42052
Ch

JUN-03-2004 13:28

JUN-03-2004 10:55

P.02/03

(H04000118569 3)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Building 600/J.C.M., LLC

ARTICLE II - Address:

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

Principal Office Address:

3345 Burns Road, Suite 306

Palm Beach Gardens, FL 33410

Mailing Address:

3345 Burns Road, Suite 306

Palm Beach Gardens, FL 33410

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

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

Michael Stein

Name

3345 Burns Road, Suite 306

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

Palm Beach Gardens

FLORIDA 33410

City, State, and Zip

FILED
JUN 03 2004
PALLADIUM FILING
CORPORATE SERVICES
FLORIDA

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.

Michael J. Stein
Registered Agent's Signature

(H04000118569 3)

JUN-03-2004 13:28

JUN-03-2004 10:55

P.03/03

(H04000118569 3)

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	
<u>MGRM</u>	<u>Michael Stein</u>
	<u>3345 Burns Road, Suite 306</u>
	<u>Palm Beach Gardens, FL 33410</u>

(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 809.409(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Stein
Typed or printed name of signer

- 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)

(H04000118569 3)

TOTAL P.03

TOTAL P.03