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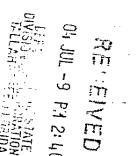
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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DR SERVICE COMPANY.	
ACCOUNT NO.: 072100000032	<
The second of th	,
REFERENCE: 798029 4365966	
AUTHORIZATION:	<u>_</u>
COST LIMIT: \$ 125.00	<u>ب</u>
ORDER DATE: July 9, 2004	
ORDER TIME : 2:01 PM	
ORDER NO. : 798029-005	
CUSTOMER NO: 4365966	
CUSTOMER: Heather Jagaczewski, Paralegal Stevens & Lee	
P.o. Box 679	
Reading, PA 19603-0679	
DOMESTIC FILING	•
NAME: JADE 1, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Sara Lea - EXT. 2914





		PLX/KH/A	FWIANY WHEN IT	THEFT X	CUME	AN Y	
	LE I - Name: e of the Limit		Company is:				
TADE 1.	FFG		· · · · · · · · · · · · · · · · · · ·				

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

ARTICLE II - Address:

Principal Office Address:

Al9 SE 4TH AVENUE

DELFAY BEACH, FL 33483-4429

DELFAY BEACH, FL 33483-4429

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

Name

A19 SR 4TH AVENUE

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

DELRAY BEACH

FLORIDA 33483-442

BEACH FLORIDA 33483-4429

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..

A BA: Sold Security Signature

Page 1 of 2 (CONTENUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Mar	JEFFREY ROSE
	419 SE 4TE AVENUE
	DELRAY BEACH, FL 33463-4429
· ·	
Use attachment if necessary)	
NOTE: An additional article most be	added if an effective date is requested.
AND A NEW AND SERVICE AND SERV	
required Signagare:	_
$\rightarrow 0$	
	utborized representative of a member.
	•
(In accordance with section 608	.405(3), Florida Statutes, the execution afficuation under the penalties of perjury
that the facts stated berein are to	ng") whitestrop respect rise beneates or beiling
By: JEFFREY A. ROSE	•
Typed or pr	inted 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)

Page 2 of 2

MUCCO