L04000054736

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



600039332926

77/23/U4--U1019--OUS **1125.00





Sunstate Res Requester's Name Address City/State/Zip Phone	Search 5454	7
CORPORATION NAME(S) & DOC	Office Use Only Control Cument Number(S), (if known):	PM 12: 52
Corporation Name) (Corporation Name)	(Document #)	,2
3. (Corporation Name) 4.	(Document #)	
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Chotocopy Certificate of Statu	\$
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/OUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: JFS UNIVERSITY DRIVE LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

28 Hampton Hill Drive Williamsville, NY 14221 28 Hampton Hill Drive Williamsville, NY 14221

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

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

Name

Lawrence J. Smith

14520 Farrington Way #206

Florida Street address (P.O. Box Not Acceptable)

Fort Myers, Florida 33912

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

Lawrence J. Smith

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:

Manager

Joseph F. Smith 28 Hampton Hill Drive Williamsville, NY 14221

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.)

Lawrence J. Smith

Typed or printed name of signee.