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2004 AUG 16 SECRETARY OF STATE TALLAHASSEE, FUORIDA (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:

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TRANSMITTAL LETTER

FILED TO: Registration Section Division of Corporations 2004 AUG 16 P 3: 23 JPF Investments, LLC SUBJECT: _ SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Alan K. Geer
(Name of Person) Alan K. Geer, P.A., CPA's
(Firm/Company) 7401 D Temple Terrace Hwy. (Address) Tampa, FL 33637 (City/State and Zip Code) For further information concerning this matter, please call: Alan K. Geer

STREET ADDRESS:

(Name of Person)

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

FILED

FLORIDA LIMITED LIABILITY COMPANY

2004 AUG 16 P 3: 23

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE. FLORID
JPF Investmen	nts, LLC
ARTICLE II - Address: The mailing address and street address of the princ	sipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6441 Melacano Ave.	Same
Spring Hill, FL 34608	
Alan K. Geer Name	, CPA
Name 7401 D Temple 7	Terrace Hwy.
Name	Terrace Hwy.
Name 7401 D Temple 5 Florida street address (P.O. B	Terrace Hwy. ox NOT acceptable) , FLORIDA 33637
Name 7401 D Temple 5 Florida street address (P.O. B	Terrace Hwy. ox NOT acceptable) FLORIDA 33637 Zip e of process for the above stated limited liability accept the appointment as registered agent and the provisions of all statutes relating to the proper with and accept the obligations of my position as

Page 1 of 2 (CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 2004 AUG 16 P 3: 23 Name and Address: Title: SECRETARY OF STATE TALLAHASSEE, FLORIDA "MGR" = Manager "MGRM" = Managing Member MGRM Jorge Sanchez 16541 Shirla Rae Dr. FL 34610 Spring Hill, Patricia C. Sanchez Member 16541 Shirla Rae Dr. 34<u>610</u> Spring Hill, FL Member Felix E. Nelson 6441 Melacano Ave. Spring Hill, FL 34608 Patricia L. Nelson Member 6441 Melacano Ave. Spring Hill, 34608 (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.

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Jorge Sanchez
Typed or printed name of signee

that the facts stated herein are true.)