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Florida Department of State

Division of Corporations Public Access System

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Account Number: 071250001512 Phone: (305)789-9200 Fax Number: (305)789-9201

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LIMITED LIABILITY COMPANY

JAX VENTURES, LLC

Certificate of Status	0
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COMPONING FINDS

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ARTICLES OF ORGANIZATION

OF

JAX VENTURES, LLC



ARTICLE I

The name of the limited liability company formed hereby is **JAX VENTURES**, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Ivette L. Arango, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131 Audit No. H04000186648 3

ARTICLE V

The Limited Liability Company shall be manager-managed.

THE TANKS SEE STOCKETONS

Ivette L. Arango,

as Authorized Representative of the Members

STATE OF FLORIDA)			.	
COUNTY OF MIAMI-DADE)			•	
Before me personally app Members, who is personally kn as identification, to be	eared Ivette lown to me, or the person wh	Arango, as who produ to executed the	Authorized ced foregoing A	Representative of tricles of Organization	the on.
In witness whereof I have h	ereunto set m	y hand and off	icial seal this	_15 day of	
	α	(#=	26	l	

Print Name:

My Commission expires:

Audit No. H04000186648 3

Judith D. Rodman

Expires Oct. 18, 2005

Bonded Thru

Miantic Bonding Co., Inc.

Audit No. H04000186648 3

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION



Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is JAX VENTURES, LLC.
- 2. The name and address of the Registered Agent and Office is:

Ivette L. Arango, Esq. 100 S.E. 2nd Street, 17th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

Ivette L. Arango, Registered Ager

JAX VENTURES, LLC

lvette L. Arango, as Authorized Replesentative

of the Members

Audit No. H04000186648 3

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