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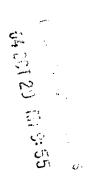
(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
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# DAVID W. CARY

ACCOUNTANT & CONSULTANT
1325-C DEL PRADO BOULEVARD S.
CAPE CORAL FLORIDA 33990
TELEPHONE (239)-458-0777
FAX (239)-458-4767

October 26,2004

Florida Department of State Divisions of Corporations P.O. Box: 6327 Tallahassee, Florida 32314

RE: JC & MC Real Estate Investment LLC

Gentlemen or Ladies:

Enclosed please find Check\_2006 in the amount of \$ 125.00 to Cover the filing fees of the above Corporation or Limited Liability Company.

Should you have questions, please feel free to contact me at the above number.

Very Truly Yours

Accountant

DWC/

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE 1 NAME:**

The name of the Limited Liability Company is

JC & MC Real Estate Investments LLC

### **ARTICLE II- ADRESS:**

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

### **Principal Office Address:**

Mailing Address:

6900-29 Daniels Parkway #160

Same

Fort Myers, FL 33912

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

Loida Cruz

8730 Penzance Blvd Ft. Myers, FL 33912

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 herby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 608, Florida Statues...

Loida Cruz

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title
"MGR"= Manager
"MGRM"= Managing Member

# Name And Address

**MGRM** 

Juan Cruz

6900-29 Daniels Parkway #160

Fort Myers, FL 33912

**MGRM** 

Loida Cruz

6900-29 Daniels Parkway # 160

Fort Myers, FL 33912

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGINATURE:

(Signature of member or authorized representiive)

(In accordance with section 608.403(3) Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated ferine are true.)

Juan Cruz

F. 9. 0