

L04000084682

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000232813 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH)  
Account Number : 076117000420  
Phone : (561) 650-0728  
Fax Number : (561) 655-5677

DIVISION OF CORPORATION

04 NOV 22 PM 3:20

RECEIVED

LIMITED LIABILITY COMPANY

JCPL I, LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN NOV 23 2004

904A-66392

E04000232813 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: JOPL I, LLC

**ARTICLE II - Address:**

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

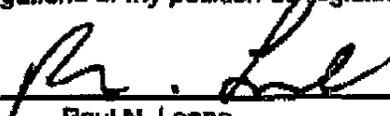
P. O. Box 228,  
Palm Beach, FL 33480

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

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

Paul N. Leone  
One South County Road  
Palm Beach, FL 33480

*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, F.S.*

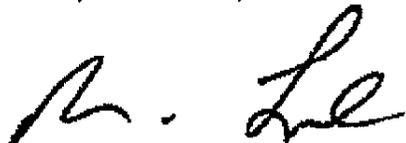
  
Paul N. Leone

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

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

<u>Title</u>	<u>Name and Address</u>
Manager	Paul N. Leone P.O. Box 228, Palm Beach, FL 33480

**REQUIRED SIGNATURE:**

  
Paul N. Leone, Authorized Representative

(In accordance with Section 608.408(9), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FILED  
2004 NOV 22 AM 10:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA