

W4000088389 (3)

Florida Department of State  
Division of Corporations  
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LIMITED LIABILITY COMPANY

JJAC1 LLC

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FAX AUDIT # 11040002416313

**ARTICLES OF ORGANIZATION  
OF  
JJACI LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: JJACI LLC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: P.O. Box 742, 105 South Mayo Street, Crystal Beach, Florida 34681.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

**ARTICLE IV DURATION**


The duration for the limited liability company shall be: 12/31/2044.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Jeffery Lane, P.O. Box, 742 105 South Mayo Street, Crystal Beach, Florida 34681

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Business Filings Incorporated, Organizer  
Mark Schiff, AVP  
Authorized Representative  
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717  
(608) 827-5300

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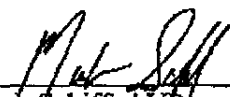
**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **JJAC1 LLC**

The name and address of the registered agent and office is: **Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.**

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:   
Mark Schiff, AVP  
Business Filings Incorporated

Date: December 7, 2004

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