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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

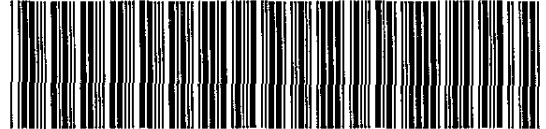
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. JAGV, LLC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY  
OF  
JAGV, L.L.C.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JAGV, L.L.C.

**ARTICLE II - Address:**

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

168 S.E. 1st Street, 12th Floor  
Miami, FL 33131

**ARTICLE III - Registered Agent, Registered Office and**

**Registered Agent's Signature:**

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

JUAN E. VALDES  
4160 W. 16th Ave., Suite 402  
Hialeah, FL 33012

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.

  
Registered Agent's Signature

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

**MEMBERS**

<b>JUAN FORTUNY (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>
<b>ARNOLD FORTUNY JR. (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>
<b>EMELY FORTUNY (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>
<b>ARNOLD FORTUNY SR. (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>

**MANAGERS**

<b>JUAN FORTUNY (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>
<b>ARNOLD FORTUNY JR. (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>
<b>EMELY FORTUNY (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>
<b>ARNOLD FORTUNY SR. (25%)</b>	<b>168 S.E. 1st Street, 12th Floor Miami, FL 33131</b>

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

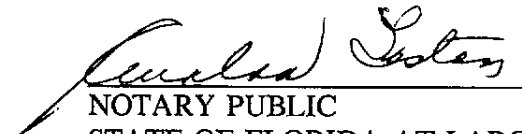
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true.)

**JUAN E. VALDES  
AUTHORIZED AGENT**

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

**I HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared **JUAN E. VALDES, authorized agent**, to me known to be the person described in and who executed the foregoing instrument and he acknowledged before me that he executed the same.

**WITNESS** my hand and official seal in the County and State last aforesaid this 27 day of March, 2005.

  
NOTARY PUBLIC  
STATE OF FLORIDA AT LARGE

