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.

(((H05000077384 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

Pax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)222-9428

## LIMITED LIABILITY COMPANY

Jaden Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Charle Piles Warl

Comprate films

Printer ACCASE HAIR

J. BRYAN MAR 3 1 2005

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	is:
Jaden Holdings, LLC	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company
Princips) Office Address:	Mailing Address:
980 North Michigan Avenua	980 North Michigan Avenue
Suite 1400	Suite 1400
Chicago, Illinois 60611	Chicago, Illinois 60411

CT Corporation System

Name

1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)

Plantation, Florida 33324

FLORIDA

City, State, and Zip

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. Ifurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I amfamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page! of 2 (CONTINUED)

<u>[itle:</u> MGR" = Manager MGRM" = Managing Memb <del>er</del>	Name and Address:
MGR	Rufus Williams
	980 North Michigan Avenue, Splic 1400 Chicago, Illingia 60611
Use attachment if necessary)	
MATO, an additional audale source	he added if an effective date is restricted
AOTE: VII AGDIDÕUST SLECIS MASE	be added if an effective date is requested.
EQUIRED SIGNATURE:	1 2 (20)
	Il sutherized representative of a member.

Filin<sup>®</sup> Form \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Gary Shoffield

Page 2 of 2

Typed or printed name of signed