

FROM : CLARION VENTURES, INC.

FAX NO. : 623 465 8648

Jul 11 2005 06:10 PM P2

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.

(((H05000167775 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 : CLARION VENTURES, INC.
Account Number : 120030000026
Phone : (623) 465-8636
Fax Number : (623) 465-8640

RECEIVED
05 JUL 12 PM 12:56
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

J & M MOBILE SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

05 JUL 12 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

WOT/13/05

Electronic Filing Menu

Corporate Filing

Public Access Help

H050001677753

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

J & M Mobile Service LLC

ARTICLE II - Address:

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

Principal Office Address:

7020 pinehurst dr.

spring hill florida, 34606

Mailing Address:

7020 pinehurst dr.

spring hill florida, 34606

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

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

James f kirkpatrick

Name

7020 pinehurst dr

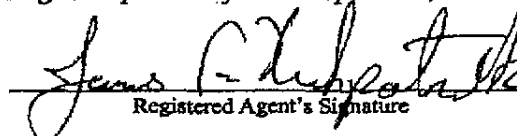
Florida street address (P.O. Box **NOT** acceptable)

spring hill,

FLORIDA 34606

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. 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, Florida Statutes..


Registered Agent's Signature

7.12.05

Page 1 of 2
(CONTINUED)

H050001677753

FILED
05 JUL 12 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H050001677753

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:

MGR

james f kirkpatrick

7020 pinehurst dr

spring hill florida, 34806

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

James F. Kirkpatrick 7.12.05
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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James F. Kirkpatrick
Typed or printed name of signer

Filing Fees:

\$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)

H050001677753

FILED

05 JUL 12 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA