

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

J&Q Investments I, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **J&Q Investments I, LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:5745 Canton Cove, Suite 1215745 Canton Cove, Suite 121Winter Springs, FL 32708Winter Springs, FL 32708

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

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

William E. Jones, MD

Name

5745 Canton Cove, Suite 121(P.O. Box or Mail Drop Box NOT Acceptable)Winter Springs, FL 32708

(City / State / Zip)

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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.


 Registered Agent's Signature - William E. Jones, MD

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>William E. Jones, MD- 2807 Bear Island Pointe, Winter Park, FL 32792</u>
<u>MGRM</u>	<u>Nicholas J. Queltsch- 2013 Winding Oaks Drive, Orlando, FL 32825</u>
<u>MGRM</u>	<u>Anne-Marie V. Jones, MD- 2807 Bear Island Pointe, Winter Park, FL 32792</u>
<u>MGRM</u>	<u>Christy S. Queltsch- 2013 Winding Oaks Drive, Orlando, FL 32825</u>

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or 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.)

William E. Jones, MD

Typed or printed name of signee

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