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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 509410 4320758

AUTHORIZATION :

COST LIMIT : \$ 155.00

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05 JUL 27 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 27, 2005

ORDER TIME : 3:35 PM

ORDER NO. : 509410-005

CUSTOMER NO: 4320758

CUSTOMER: Mr. F. Richard Rimer
Seyfarth Shaw

Suite 700
1545 Peachtree Street, N.e.
Atlanta, GA 30309

DOMESTIC FILING

NAME: JRNPB, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JRNPB, LLC

ARTICLE II - Address:

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

Principal Office Address:

777 EAST ATLANTIC AVENUE
PMB-C383
DELRAY BEACH, FLORIDA 33483

Mailing Address:

777 EAST ATLANTIC AVENUE
PMB-C383
DELRAY BEACH, FLORIDA 33483

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

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

DAVID FIORAVANTI

Name

777 EAST ATLANTIC AVENUE, PMB-C383

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

DELRAY BEACH 33483 FL

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, F.S.


Registered Agent's Signature

(CONTINUED)

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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:

MGRM

David Fioravanti


777 East Atlantic Avenue, PMB-C383

Delray Beach, Florida 33483

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

David Fioravanti

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)