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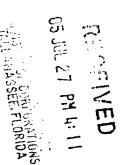
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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SECRETARY OF STATE





ACCOUNT NO. : 072100000032

REFERENCE: 509410 4320

AUTHORIZATION :

COST LIMIT : \$ 155.00

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

ARTICLES OF INCORPORATION

DOMESTIC FILING

NAME: JRNPB, LLC

EFFECTIVE DATE:

xx	CERTIF:						RSH:	ΙP
PLEASE	RETURN	THE	FOLL	OWING	AS	PROOF	OF	FILING
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CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS:

ARTICLE I - Name:	الله المحالة ا				
The name of the Limited Liability Company	is:				
	S. A.				
JRNPB, LLC					
	70				
ARTICLE II - Address:	and the state of t				
the maining address and street address of the	e principal office of the Limited Liability Company				
Principal Office Address:	Mailing Address:				
777 EAST ATLANTIC AVENUE	777 EAST ATLANTIC AVENUE				
PMB-C383	PMB-C383				
DELRAY BEACH, FLORIDA 33483	DELRAY BEACH, FLORIDA 33483				
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:				
	na registered agent am				
The name and the Florida street address of th					
	to registered agoin are.				
DAVID FIORAVANTI					
	me				
DAVID FIORAVANTI Nai 777 EAST ATLANTIC AVE	me				
DAVID FIORAVANTI Nai 777 EAST ATLANTIC AVE	me NUE, PMB-C383 address (P.O. Box <u>NOT</u> acceptable)				

(CONTINUED)

Registered Agent's Signature

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..

Page 1 of 2

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 MGRM David Fioravanti 777 East Atlantic Avenue, PMB-C383 Delray Beach, Florida 33483 Delray Beach, Florida 33483 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

(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.)

Signature of a member or an authorized representative of a member.

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)