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11/21/05-01020-003 **125.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: JACKER Management, LC (Name of Limited Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
FRANCESCA Giannini		
(Name of Person)		
(Firm/Company)		
12706 Rochrose Glen (Address)		
Bradenton, FL 34202		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Francesca Gannin' at (941) 364-878) (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$25.00 Filing Fee & Certificate of Status \$\bigcup \\$25.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)		
Mailing Address Street/Courier Address		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Jacker Management, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L	.C")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability	, ,
Principal Office Address: Mailing Address:	
Bradenton, Fr. 34202 Bradenton, Fr. 34	<u>len</u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sign (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	Sirvid
James E. Thomison, Eso Name 1800 Second Street, Suite 808	
Florida street address (P.O. Box NOT acceptable)	17. S. A.
Sarasoth FL 34236 City, State, and Zip	22 IONS
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the app registered agent and agree to act in this capacity. I further agree to comply with the p statutes relating to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapte	ointment as rovisions of all iliar with and
The state of the s	
Registered Agent's Signature (REQUIRED)	

(CONTINUED) 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: Name and Address: Title: $\overline{\text{"MGR"}} = \text{Manager}$ "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/18/05 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Typed or printed name of signee

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)