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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO

JCP Invest, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **JCP Invest, 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:2300 Swanson Avenue2300 Swanson AvenueMiami, FL 33133Miami, FL 33133

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

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

Karl Trochu

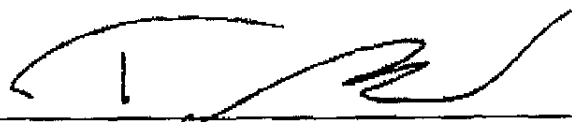
Name

2300 Swanson Avenue(P.O. Box or Mail Drop Box **NOT** Acceptable)Miami, FL 33133

(City / State / 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.

03 FEB 06
STATE OF FLORIDA



Registered Agent's Signature - Karl Trochu

ARTICLE IV - Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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Title:

Name and Address:

"MGR" = Manager

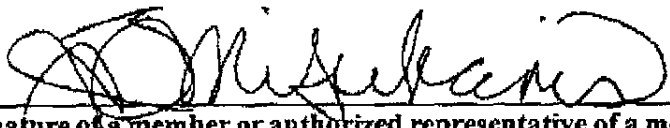
"MGRM" = Managing Member

MGRM

Jean-Christophe Pouillot- 36 Rue de la Pompe, 75116 Paris, France

(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.)

Jerome Misukanis- Authorized Representative

Typed or printed name of signee

NOTED
2/15/06
06:19:06
STATE
FLORIDA