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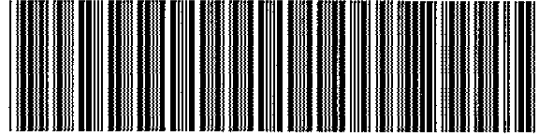
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DEPT. OF REGISTRATION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Ochiltree Associates, JSS, LLC*

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- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: *WL*

Name \_\_\_\_\_

Date *3/6*

Time *11:00*

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OCHILTREE ASSOCIATES, JJS, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

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**ARTICLE I  
NAME**

The name of the limited liability company (the "Company") is: OCHILTREE ASSOCIATES, JJS, LLC

**ARTICLE II  
ADDRESSES**

The initial mailing address of the Company is 2092 Crown Drive, St. Augustine, Florida 32092. The Principal address of the Company is 61 Treasury Street, St. Augustine, Florida 32084.

**ARTICLE III  
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Sean P. Sheppard, Esq., Sheppard & Sheppard, P.A., 1301 Plantation Island Drive South, Suite 204, St. Augustine, Florida 32080.

**ARTICLE IV  
MANAGEMENT**

The Company is to be managed by the member and is therefore, a member managed company.

**ARTICLE V  
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 10<sup>TH</sup> day of June, 2005. 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.

By: \_\_\_\_\_

Sean P. Sheppard, Esq.  
Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

I, Sean P. Sheppard, on behalf of Sheppard & Sheppard, P.A., having been named to accept the service of process for OCHILTREE ASSOCIATES, JJS, LLC, certify that I am a permanent resident of St. Johns County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

DATED at St. Johns County, Florida, this 1<sup>st</sup> day of March A.D., 2006.

Sheppard & Sheppard, P.A.

By:

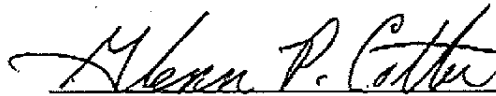
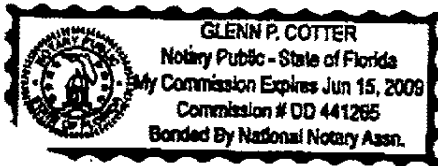


Sean P. Sheppard, Esq.

STATE OF FLORIDA     )  
COUNTY OF ST. JOHNS    )

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Sean P. Sheppard, authorized agent for Sheppard & Sheppard, P.A., a Florida Professional Association, on behalf of the Professional Association, to me personally known and known to be the person/entity described as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St. Johns County, Florida, this 1<sup>st</sup> day of March A.D., 2006.



Notary Public, State of Florida

Printed Name:

My Commission expires: