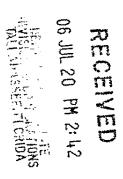
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(Requestor's Name)
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PICK-UP WAIT MAIL
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J. S.

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SECRETARY OF STATE



ACCOUNT NO.: 072100000032 REFERENCE: 251183 7533647 AUTHORIZATION: True Service 1000000000000000000000000000000000000	OF ME 20 TO
COST BIMIT: Q 125.00	
ORDER DATE : July 18, 2006	RICE
ORDER TIME : 11:22 AM	
ORDER NO. : 251183-001	
CUSTOMER NO: 7533647	
DOMESTIC FILING NAME: JOVEL INVESTMENT GROUP, LLC	-
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Doreen Wallace - EXT. 2928	. :
EXAMINER'S INITIALS:	·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILI **ARTICLE I - Name:** The name of the Limited Liability Company is: JOVEL INVESTMENT GROUP, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "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: 18101 HIGHWOODS PRESERVE PKWY 18101 HIGHWOODS PRESERVE PKWY SUITE 210 SUITÉ 210 TAMPA, FL 33647 TAMPA, FL 33647 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tallahassee

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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

City, State, and Zip

Laura R. Dunlap as its agent

(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:

MGRM	EFRAIN E JOVEL
	18101 HIGHWOODS PRESERVE PKWY STE 210 TAMPA, FL 33647 US
MGRM	MARIA G JOVEL
	10216 GARDEN ALCOVE DRIVE TAMPA, FL 33647 US
MGRM	Inversiones E Inmobiliaria Jovel Pinedo Limitada
	Laguna De La Luz 51 Curauma Valparaiso, Chile 00000 CL
	
Use attachment if necessary)	
	than the date of filing: (OPTION must be specific and cannot be more than five business da

By: Laura R. Dunlap

Typed or printed name of signce

of this document constitutes an affirmation under the penalties of perjury

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)