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			_
(Re	equestor's Name)		•
			_
(Ac	ldress)		•
(Ac	ldress)		_
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	ne)	•
(Do	cument Number)		•
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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	Office Use Orl	w	



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SECRETARY OF STATE FALLAHASSEE, FLORIDA

CT30 PM o

COVER LETTER

Division of Co					
SUBJECT: JCA	Entertainment, LL	.C			
	(Name of Limite	ed Liability Company)			
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	,		
Please return all corresp	pondence concerning this matt	er to the following:			
Irene Fei	nberg				
	((Name of Person)			
J C A Ent	tertainment, LLC				
	ĺ	(Firm/Company)			
4081 NV	V 115 Ave				
······	,	(Address)	· · · · · · · · · · · · · · · · · · ·		
Coral Sp	orings, FL 3306	5			
		/State and Zip Code)			
			TALL VALL	390	
For further information	concerning this matter, please	call:	AHA.	13(
Irene Feinberg	J	at (954) 298-204	2 SSEE	30	
(Name	e of Person)	(Area Code & Daytime Tele	phone Number)	PM	8
Enclosed is a check for	or the following amount:		STATE ORIDA	06 OCT 30 PM 2: 30	
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE I Names

The name of the Limited Liability Company is	s:	
	•	
J C A Entertainment, LLC		
(Must end with the words "Limited Liability Company, "Lim	ited Company" or their abbreviation "LLC," or '	'L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
J C A Entertainment, LLC	J C A Entertainment, LLC	
4081 NW 115 Ave 4081 NW 115 Ave		
Coral Springs, FL 33065	Coral Springs, FL 33065	,
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)		or another
The name and the Florida street address of the registered agent are:		FIL 06 OCT 30 SECRETATY FALLAHASSE
Irene Feinberg		ま点。ゴ
Nam	e	
4081 NW 115 Ave		교육 골 년
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)	ED PM 2: 30 OF STATE : FLORIDA
Coral Springs	FL 33065	30 PA
City, State	, and 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

T).
·:
TT:
<u> </u>

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Irene Feinberg 4081 NW 115 Ave
	Coral Springs, FL 33065
MGRM	Faith Davis
	4081 NW 115 Ave
	Coral Springs, FL 33065 SECRETARY OF FL ARY O
	STATE LOADA
	n the date of filing: 12/01/2006 . (OPTIONAL) ust be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	ist be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	Ll 9
Signature of a me	ember or an authorized representative of a member.
(In accordance wi	th section 608.408(3), Florida Statutes, the execution

Filing Fees:

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

Irene Feinberg

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee