

LD600001/3694

The Law Office Of

Kristi M.

Odom, P.A.

1314 JACKSON AVENUE
CHIPLEY, FLORIDA 32428

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

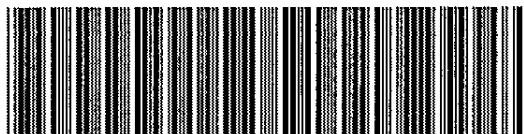
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J. BRYAN NOV 28 2006

The Law Office Of
Kristi M.
Odom, P.A.
ATTORNEY AT LAW

*KRISTI M. ODOM
*ALSO ADMITTED IN ALABAMA

Post Office Box 1129
Chipley, FL 32428
1556 Brickyard Road
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CHIPLEY, FLORIDA 32428
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TRANSMITTAL LETTER

Department of State / Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

November 10, 2006

JPS Sub, LLC

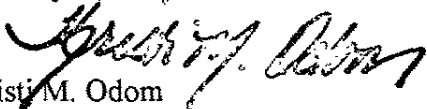
FROM:

THE LAW OFFICE OF KRISTI M. ODOM, P.A.
1314 Jackson Avenue
Chipley, Florida 32428

Please find enclosed an original Articles of Incorporation for **JPS Sub**,
and a Certificate of Registered Agent for the same, along with the ~~\$70.00~~ fee to establish
the new corporation. 125.00

Thank you,

Kristi M. Odom



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**ARTICLES OF ORGANIZATION
OF
JPS SUB, LLC.**

ARTICLE I - NAME

The name of the limited liability company is JPS SUB, LLC. ,

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1734 Sleepy Hollow Lane
Chipley, Florida 32428

Mailing Address:

1734 Sleepy Hollow Lane
Chipley, Florida 32428

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**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Jonathan Roberts
1734 Sleepy Hollow Lane
Chipley, Florida 32428

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..


Jonathan Roberts

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

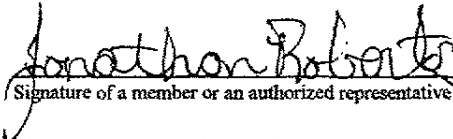
"MGMR" = Managing Member

Name and Address:

MGMR

Jonathan Roberts
1734 Sleepy Hollow Lane
Chipley, Florida 32428

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 that the facts stated herein are true.)

Jonathan Roberts

Typed or printed name of signee


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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY JPS SUB, LLC., SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is JPS SUB, LLC.
2. The name and the Florida street address of the registered agent and office are:
Jonathan Roberts
1734 Sleepy Hollow Lane, Chipley, Florida 32428 (Post office box is NOT acceptable.)

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, Florida Statutes.


Jonathan Roberts
Registered Agent

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AFFIRMATION OF OWNERSHIP

I JONATHAN ROBERTS, do hereby affirm that ownership in JPS SUB,
LLC., is held as follows:

JONATHAN ROBERTS 100%

Jonathan Roberts
JONATHAN ROBERTS
MANAGING MEMBER


STATE OF FLORIDA
COUNTY OF _____

Subscribed, sworn, and acknowledged before me on this 20th day of
November, 2006, by JONATHAN ROBERTS, who is personally know to me or
produced FLORIDA DRIVER'S LICENSE as identification.

[Signature]

Notary Public – State of Florida

Notary Stamp:

NOTARY PUBLIC-STATE OF FLORIDA
 Belinda R. Collins
Commission # DD525447
Expires: MAR. 06, 2010
Bonded Thru Atlantic Bonding Co., Inc.

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