

May. 3. 2007 4:45 PM

No. 9570 Page 1 of 1

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

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Account Name : GERALD WEINBERG, P.C.
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Phone : (800) 342-9856
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AL

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JEZ CAPITAL III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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May. 3. 2007 4:45PM

No. 9576 P. 2

(H070001233693)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEZ CAPITAL III, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

c/o Jason & Nicole Zwibel
2263 STOTESBURY WAY
Wellington, FL 33414

Mailing Address:

c/o Jason & Nicole Zwibel
2263 STOTESBURY WAY
Wellington, FL 33414

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:

Jason Zwibel

Name

2263 STOTESBURY WAY

Florida street address (P.O. Box NOT acceptable)

Wellington

FL 33414

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

(H070001233693)

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(May. 3. 2007 4:46PM)

No. 9576 P. 3

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jason Zwibel

2263 STOTESBURY WAY

Wellington, FL 33414

MGRM

Nicole Zwibel

2263 STOTESBURY WAY

Wellington, FL 33414

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Jason Zwibel

Typed or printed name of signer