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FLORIDA/FOREIGN LIMITED LIABILITY CO.

JOBS LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
JOBS LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **JOBS LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
3925 SW Helmlinger Street, Port Saint Lucie, Florida 34953.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Justin Trask, 3925 SW Helmlinger Street,
Port Saint Lucie, Florida 34953. Located in the County of Saint Lucie.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and
address of the member of the Limited Liability Company is:

Justin Trask, 3925 SW Helmlinger Street, Port Saint Lucie, Florida 34953



Date: June 11, 2007

Business Filings Incorporated, Organizer
Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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FAX AUDIT # H07000163258 3CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **JOBS LLC**

The name and address of the registered agent and office is Justin Trask, 3925 SW Helmlinger Street, Port Saint Lucie, Florida 34953. Located in the County of Saint Lucie.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Justin Trask

Date: _____

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