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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Office Use Only

PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

(850) 245-6052

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Nevada Corporate Headquarters, Inc.

101 Convention Center Dr., Ste 700

Las Vegas, NV 89109

(800) 398-1077 (702) 889-6812

DATE: Thursday, October 11, 2007

SENT VIA

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Organization for PENRON JAX, LLC

We have included payment in the amount of \$125.00 for the following fees:

- Filing fee -\$125.00
- Other: Please "File" stamp & return other provided copy

If there are any questions, please call Shanisha Wright at 800-398-1077.

Please return the file stamped copy in the postage paid envelope enclosed. Thank you for your continued service!



COVER LETTER

TO: Registration S Division of Co				
SUBJECT: PENR	ON JAX, LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
SHANISHA	A WRIGHT			
	(Name of Person)		
NEVADA (CORPORATE HEAD	QUARTERS, INC.		
	((Firm/Company)		
101 CON	VENTION CENTER	R DR. STE 700		9
		(Address)		超马 和
LAS VEG	AS, NV, 89109			題の国
	(City	/State and Zip Code)		電子 3
For further information	concerning this matter, please	call:		OTOCT 16 PM 1:20 EFCHENSEE PHOPING
SHANISHA WRI	GHT	at 702 \ 873-348	8 ext. 3185	7
	e of Person)	(Area Code & Daytime T		
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Status Certified Copy (additional copy is enclosed)	s &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:	
PENRON JAX, LLC		
(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LL	C," 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:	Mailing Address:	OCT 18
436 BULLS BAY HIGHWAY	436 BULLS BAY HIGHWAY	School P
JACKSONVILLE, FL 32220	JACKSONVILLE, FL 32220	High I
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.	own Registered Agent. You must designate an ind	
The name and the Florida street address	s of the registered agent are:	
BUSINESS FILING	S INCORPORATED	
	Name	
1203 GOVERNOE	RS SQUARE BLVD STE 101	

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..

City, State, and Zip

TALLAHASSEE

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

FL 32301-2960

Registered Agent's Signature (REQUIRED)

BUSINESS Filings Incorporated

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	PENRON INVESTMENTS, INC. 436 BULLS BAY HIGHWAY JACKSONVILLE, FL 32220	
		OT OCT 16 F
(Use attachment if necessary)		PH 1: 20
FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.)		(OPTIONAL)

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.)

SHANISHA WRIGHT, ORGANIZER

Typed or printed name of signee

Filing Fees:

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

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