

L07000108368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

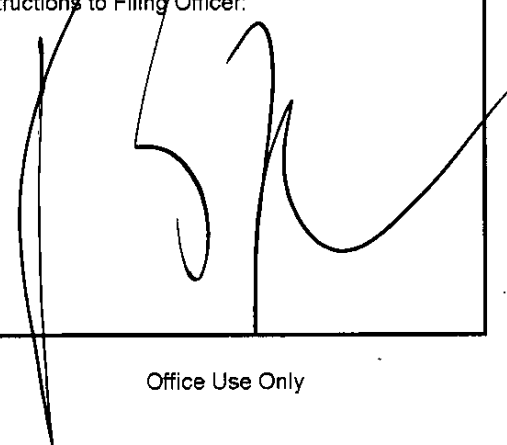
PICK-UP  WAIT  MAIL

(Business Entity Name)

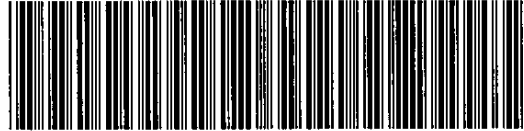
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/25/07--01023--012 \*\*205.00

RECEIVED  
07 OCT 25 AM 11:39  
TALLAHASSEE, FLORIDA

FILED  
07 OCT 25 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILE FIRST**

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR  
DATE: 10-25-07  
REF. #: 000174.76392  
CORP. NAME: JMS OF SARASOTA, LLC

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TALLAHASSEE, FLORIDA

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION
- ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME
- FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY
- REINSTATEMENT       MERGER       WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:

STATE FEES PREPAID WITH CHECK# 2178 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

# ARTICLES OF ORGANIZATION

JMS OF SARASOTA, LLC,  
a Florida limited liability company

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## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

JMS OF SARASOTA, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

6401 Kylie Creek Way  
Sarasota, Florida 34240

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Matthew Shapiro  
6401 Kylie Creek Way  
Sarasota, Florida 34240

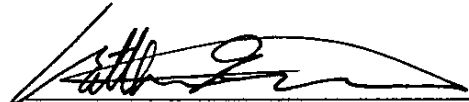
## ARTICLE IV MANAGEMENT AND POWERS

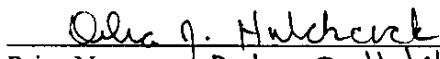
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

14 IN WITNESS WHEREOF, these Articles of Organization have been executed as of the day of October, 2007.

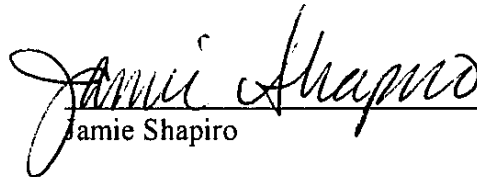
WITNESSES:

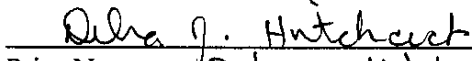
  
Print Name ALLEN G. TROCHE

  
Matthew Shapiro

  
Print Name Debra J. Hitchcock

  
Print Name ALLEN G. TROCHE

  
Jamie Shapiro

  
Print Name Debra J. Hitchcock

“MANAGERS”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company 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:

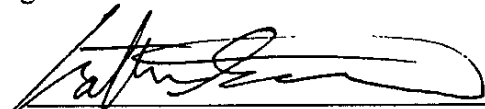
JMS OF SARASOTA, LLC

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

Matthew Shapiro  
6401 Kylie Creek Way  
Sarasota, Florida 34240

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 10/24/07

  
Matthew Shapiro

“REGISTERED AGENT”