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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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COVER, LETTER

TO: Registration Set Division of Con		,		
SUBJECT: JA		LLC		
(Name of Limited Liability Company)				
The enclosed Articles of	Organization and fee(s) are sub	omitted for filing.		
Please return all correspondence concerning this matter to the following:				
Cynthi	a JAIME MU	une of Perkon)		
	time Girls			
•	(r)	rm/Company)		
<u>8644</u>	M.E 20th AUE	Suite I		
OAKL	and Park,	+ (a. 333	٥8	
(Chy/State and Zip Code)				
For further information concerning this matter, please call:				
JAINE MUNDY at (954) 491-1246 (Name of Person) (Area Code & Daytime Telephone Number)				
(Name	of Person)	(Area Code & Daytime Tek	ephone Number)	
Enclosed is a check for the following amount:				
_		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
-	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jaime Giels LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4420 N.E 20th AUG Ste. I	4420 N.E 20th AUE Suite I OAKIAND PACK, Flow 33308
OAKLAND PACK Fla. 33308	OAKIAND PARK, Fla. 33308
	egistered agent are:
City, State, ar	rl. Jogge
Having been named as registered agent and to a	ccept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

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..

(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 M		Name and Address:
	"MGRM" = Managing Member	There are no MgR
	•	My Brother & I are
		Cook of Dishwasher
MgR.	JAME MUNDY	Cynthia Jaims MUNDY 1826 N. DIKE MANY 202 Ff LAUGERCHE / F/2 33305
·	Mgrm	Stephen Scott Shelby 1826 M. Dixle hewy 202 74/Lyoft Alex 33305
	(Use attachment if necessary)	Etylical
(lf an	CLE V: Effective date, if other than the of effective date is listed, the date must be 00 days after the date of filing.)	date of filing: 1/08/07. (OPTIONAL) specific and cannot be more than five business days prio

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.)

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)