

L080000012172Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

PLEASE RELOAD DATE OF SUBMISSION
1/31/08

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 JAN 31 AM 10:19

FLORIDA/FOREIGN LIMITED LIABILITY CO.**1848 JSS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	034
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G. MCLEOD

FEB 05 2008

EXAMINER

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1848 JSS LLC

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

ARTICLE II - Address:

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

Principal Office Address:

1221 Brickell Ave., Suite 2660

Miami, Florida 33131

Mailing Address:

1221 Brickell Ave., Suite 2660

Miami, Florida 33131

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation FL 33324

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..

C T Corporation System

Registered Agent's Signature (REQUIRED)

Kristine Heiberger
Assistant Secretary

(CONTINUED)

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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

Joseph E. DeGross, Jr.

12950 SW 61 Avenue

Pinecrest, FL 33156

MGRM

John J. Sicilian

555 NE 15 Street, Apt. 30A

Miami, FL 33132

MGRM

David T. Neithardt

1800 Sunset Harbor Drive, #1115

Miami Beach, FL 33139

MGRM

James M. Driscoll

500 Hardee Rd.

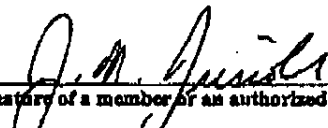
Coral Gables, FL 33146

(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 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James M. Driscoll

Typed or printed name of signer

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)

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