

**L080000035781**

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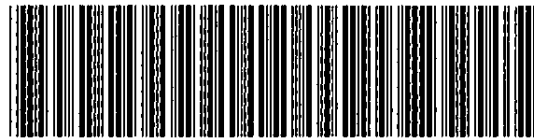
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**TROIANO & ROBERTS, P.A.**

ATTORNEYS AT LAW

317 S. TENNESSEE AVENUE

LAKELAND, FLORIDA 33801-4617

D. A. TROIANO (1929-2005)  
CLYDE L. ROBERTS (1927-1971)

VICTOR J. TROIANO  
NICHOLAS J. TROIANO  
LAURIANE CICCARELLI

REPLY TO:  
P. O. DRAWER 829  
LAKELAND, FLORIDA 33802-0829  
TELEPHONE (863) 686-7136  
FAX (863) 686-9157

April 3, 2008

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: JMC DIVERSIFIED, LLC

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above-named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees and the cost of obtaining a certified copy.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Nicholas J. Troiano

NJT/al  
Enclosures

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: JMC DIVERSIFIED, LLC

**ARTICLE II – Address:**

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

a: Mailing Address: 3830 Airfield Court West, Lakeland, Florida 33811

b: Street Address: 3830 Airfield Court West, Lakeland, Florida 33801

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

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

\_\_\_\_\_  
Michael P. Crosby

Name

\_\_\_\_\_  
3830 Airfield Court West

Florida street address (Post Office Box **NOT** acceptable)

\_\_\_\_\_  
Lakeland, Florida 33811

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.*

\_\_\_\_\_  
*Michael P. Crosby*

Registered Agent's Signature

**ARTICLE IV – Management (Check applicable box)**

\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

\_\_\_\_\_ The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

\_\_\_\_\_  
*Michael P. Crosby*

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.)

\_\_\_\_\_  
Michael P. Crosby

Typed or printed name of signee

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