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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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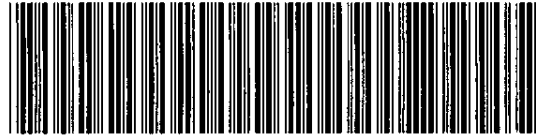
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 24 2008

EXAMINER

**GARRETT LAW FIRM, P.A.**

*Attorneys at Law*  
1850 Lee Road, Suite 330  
Winter Park, FL 32789

**(407) 647-5880 Telephone**

**(407) 647-8244 Fax**

April 22, 2008

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: JAE Holdings, LLC

Gentlemen:

In reference to the above, enclosed please find Articles of Organization along with our check in the amount of \$125.00 representing the filing fee.

Should you have any questions with regard to the above, please do not hesitate to contact the undersigned.

Sincerely,

GARRETT LAW FIRM, P.A.

C. Teresa Garrett, Attorney-At-Law

/dkk  
(407) 647-5880 ext 2

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FLORIDA LIMITED LIABILITY COMPANY  
JAE HOLDINGS, LLC**

Pursuant to Florida Statutes Chapter 608 et seq. "The Florida Limited Liability Company Act" as amended, the below named entity adopts these Articles of Organization as of the date and time when these Articles of Organization are filed, as evidenced by the Department of State's date and time endorsement on this original document, in accordance with the following:

**ARTICLE I - NAME.**

The name of the Limited Liability Company is: JAE HOLDINGS, LLC.

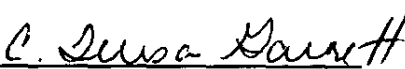
**ARTICLE II - ADDRESS.**

The mailing address is P.O. Box 324 Clarksville, FI 32430 and the street address of the principal office of the Limited Liability Company is 14491 SW SR 73 Clarksville, FI 32430.

**ARTICLE III -REGISTERED AGENT.**

The name and the Florida street address of the registered agent is: C. Teresa. Garrett Suite 330, 1850 Lee Rd, Winter Park, FL 32789.

*Having been named as registered agent and to accept service of process for the above named 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
C. Teresa. Garrett

**ARTICLE IV - MANAGEMENT.**

**(Check the appropriate box and complete the statement)**

The Limited Liability Company is to be managed by a manager and the name and address of the manager is:

Wendell C. Davis

14491 SW SR 73 Clarksville, FI 32430

**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 affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

C. Teresa Garrett

Typed of printed name of signee

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