Division of Corporations



Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694 Phone . Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

jason, llc.

| Certificate of Status | 0 |
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Corporate Filing Menu

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7/8/2008 12:53 PM

| ARTICLE I - Name: | ĺ | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| The name of the Limited Liability Company | is; | |
| JASON, LLC. | | |
| (Must and with the words "Limited Li | ability Company, "LLC." or "LLC." | |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited I | isbility Company is: |
| Principal Office Address: | Mailing Address: | |
| | | |
| 1810 N. 54th AVENUE | 1810 N. 54th AVENUE | |
| ARTICLE III - Registered Agent, Register | 1810 N, 54th AVENUE HOLLYWOOD, FL 33021 od Office, & Registered Agent | 's Signature: |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Plorida registration.) | ed Office, & Registered Agent gistored Agent. You must designate an indi- | vidual or another |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness emity with an active Plorida registration.) The name and the Florida street address of the | ed Office, & Registered Agent gistored Agent. You must designue an indirect registered agent are: | vidual or another |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Plotteds registration.) The name and the Florida street address of the TASSO P. GANAS | ed Office, & Registered Agent gistored Agent. You must designme an indice registered agent are: | vidual or another |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness emity with an active Plorida registration.) The name and the Florida street address of the | ed Office, & Registered Agent gistored Agent. You must designme an indice registered agent are: | vidual or another SECONE AHA |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.) The name and the Florida street address of the TASSO P. GANAS Nam 1810 N. 54th AVEN | ed Office, & Registered Agent gistored Agent You must designate an indicate registered agent are: | vidual or another SECRETARY SECRETARY |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repusiness entity with an active Florida registration.) The name and the Florida street address of the TASSO P. GANAS Nam 1810 N. 54th AVEN | ed Office, & Registered Agent gistored Agent. You must designate an indice registered agent are: | vidual or another SECRETARY OF TALLAHASSEE F |
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| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Plorida registration.) The name and the Florida street address of the TASSO P. GANAS Nan 1810 N. 54th AVEN Florida street a | ed Office, & Registered Agent gistored Agent you must designate an indication of the registered agent are: NUE address (P.O. Box NOT acceptable) FL. 33021 | vidual or another SECRETARY OF TALLAHASSEE F |

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Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608. F.S.

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The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" ≈ Manager "MGRM" = Managing Member MANAGER TASSO P. GANAS 1810 N. 54th AVENUE HOLLYWOOD, FL 33021 MANAGING MEMBER CHRISTINE GANAS 1810 N. 54th AVENUE HOLLYWOOD, FL 33021 MANAGING MEMBER EVAGELIA J. GANAS 4100 N. 58th AVENUE/APARTMENT 312 HOLLYWOOD, FL 33021 MANAGING MEMBER PENELOPE GANAS PAPPAS 2969 OAK PARK CIRCLE DAVIE, FL 33328 (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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of parjury that the facts stated herein are true.) TASSO P. GANAS Typed or printed name of signor Filing Peer: \$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

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of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5,00 Certificate of Status (Optional)