

08-03-2008

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FRANK GRAY ROBINSON

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**L08000083702**

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Division of Corporations  
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To:

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Account Name : GRAY ROBINSON, P.A.  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**  
OF POLK COUNTY  
**JMT ENTERPRISES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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W08-40293

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**J. BRYAN**  
**EXAMINER**



August 29, 2008

GRAY ROBINSON PA

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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SUBJECT: JMT ENTERPRISES, LLC  
REF: W08000040293

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Gina McLeod  
Regulatory Specialist II

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**GRAY ROBINSON**  
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VIA TELEFAX 850-617-6381

Ms. Gina McLeod  
Regulatory Specialist II  
FLORIDA DEPARTMENT OF STATE  
Post Office Box 6327  
Tallahassee, Florida 32314

Re: JMT Enterprises of Polk County, LLC  
FAX Aud. #: H08000203296 3  
Ref: W08000040293  
Client-Matter No. 410503.1

Dear Ms. McLeod:

Attached is a copy of your transmittal letter dated August 29, 2008 regarding **JMT Enterprises, LLC** along with re-executed Articles of Organization for **JMT Enterprises of Polk County, LLC**. Please refile these Articles of Organization and return the certified copy to me by FAX at 863/688-9771. If there are any questions, please call me at 863/284-2205.

Very truly yours,

  
Christopher M. Fear

CMF/hmd

Enclosures

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ARTICLES OF ORGANIZATION  
OF  
JMT ENTERPRISES OF POLK COUNTY, LLC

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The undersigned hereby presents these Articles of Organization for the formation of a Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is JMT ENTERPRISES OF POLK COUNTY, LLC.

ARTICLE II

PRINCIPAL OFFICE

The mailing address of the principal office of the Limited Liability Company is 2621 Brookside Bluff, Lakeland, FL 33813, and the street address of the principal office of the Limited Liability Company is 2621 Brookside Bluff, Lakeland, FL 33813.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the filing of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

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ARTICLE V  
MANAGEMENT

The Limited Liability Company is to be member-managed. The names and addresses of the Initial Members are:

William E. Tower, Jr.  
2621 Brookside Bluff  
Lakeland, Florida 33813

Walter Leonard  
7022 Lake Eaglebrooke Drive  
Lakeland, Florida 33813

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is 2621 Brookside Bluff, Lakeland, FL 33813, and the name of the initial registered agent of the Limited Liability Company at that office is William E. Tower, Jr.

ARTICLE VII  
INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of the Initial Members, has executed these Articles of Organization this 2 of <sup>Sept</sup>~~August~~, 2008.

  
WILLIAM E. TOWER, JR.

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**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is JMT ENTERPRISES OF POLK COUNTY, LLC.
2. The name and street address of its initial Registered Agent and initial Registered Office are:

WILLIAM E. TOWER, JR.  
2621 Brookside Bluff  
Lakeland, Florida 33813

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.

  
WILLIAM E. TOWER, JR.  
Date: August 2, 2008  
*Sept*

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