

# L09000098422

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Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
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Phone : (800) 494-3124  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JLS Associates, L.L.C.**

Certificate of Status	0
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**C. LEWIS**

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

JLS ASSOCIATES, L.L.C.

**ARTICLE II ADDRESS**

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

2224 CLIMBING IVY DRIVE

TAMPA, FLORIDA 33618

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

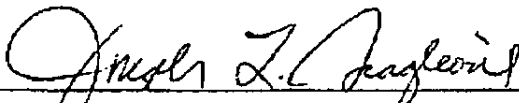
The name and the Florida street address of the registered agent are:

JOSEPH L. SCAGLIONE

2224 CLIMBING IVY DRIVE

TAMPA, FLORIDA 33618

Having been named as registered agent 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..

x 

JOSEPH L. SCAGLIONE / Registered Agent's signature

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JLS ASSOCIATES, L.L.C.

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER:

JOSEPH L. SCAGLIONE

2224 CLIMBING IVY DRIVE

TAMPA, FLORIDA 33618

\*\*\*\*\*

x Joseph L. Scaglione

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.

JOSEPH L. SCAGLIONE

Typed or printed name of signee

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