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FLORIDA/FOREIGN LIMITED LIABILITY CO.

JMZ Group, LLC

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H09000239044 3

**ARTICLES OF ORGANIZATION**

**OF**

**JMZ GROUP, LLC**

**ARTICLE I. COMPANY NAME.**

The name of the Company is JMZ Group, LLC.

**ARTICLE II. PERIOD OF DURATION.**

The Company's period of duration is perpetual.

**ARTICLE III. PURPOSE OF ORGANIZATION.**

The purpose of organizing the Company is to engage in any and all business permitted under the laws of the State of Florida.

**ARTICLE IV. ADDRESS OF PRINCIPAL OFFICE.**

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

10846 Versailles Boulevard  
Clermont, Florida 34711

P. O. Box 620132  
Oviedo, Florida 32762-0132

**ARTICLE V.**  
**REGISTERED AGENT AND INITIAL REGISTERED OFFICE.**

The name and address of the Registered Agent of this Company is:

Robert P. Butts, Esq.  
FISHER, BUTTS, SECHREST & WARNER, P.A.  
5200 S.W. 91<sup>st</sup> Terrace, Suite 101  
Gainesville, FL 32608

The Members may, at their discretion, move the Registered Office to any other address in the State of Florida.

H09000239044 3

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**ARTICLE VI. MEMBERSHIP UNITS.**

The maximum number of membership units that this Company is authorized to issue and have outstanding at any one time is 1,000 units.

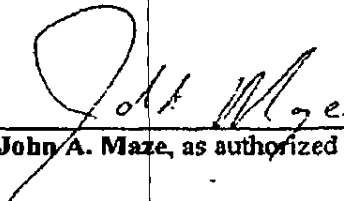
**ARTICLE VII. RESTRICTIONS ON TRANSFER OF MEMBERSHIP INTEREST.**

All Members' interests in the Company are subject to certain restrictions that are incorporated into the Company's Operating Agreement, a copy of which is available at the Company's principal office.

**ARTICLE VIII. INDEMNIFICATION.**

The Company agrees to indemnify any Member, or any former Member, to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned member has executed the foregoing Articles of Organization this 10<sup>th</sup> day of November, 2009.

  
John A. Maze, as authorized agent

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 10<sup>th</sup> day of November, 2009, by John A. Maze, who is personally known to me \_\_\_\_\_ or who produced \_\_\_\_\_ as identification.

  
NOTARY PUBLIC

Typed or printed name: JASON MORAN

Commission number: \_\_\_\_\_

Commission expires: \_\_\_\_\_

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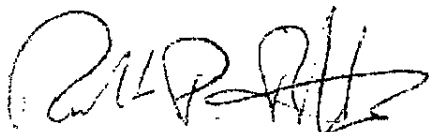
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**ACCEPTANCE OF REGISTERED AGENT**

**FOR**

**JMZ GROUP, LLC**

HAVING BEEN NAMED as Registered Agent to accept Service of Process for JMZ Group, LLC, at the place designated in this document, I hereby agree to act in such capacity; further, I AGREE TO COMPLY with the provisions of all Statutes relative to the proper and complete performance of my duties as Registered Agent.



**Robert P. Butts, Registered Agent**  
FISHER, BUTTS, SECHREST & WARNER, P.A.  
5200 S.W. 91<sup>st</sup> Terrace, Suite 101  
Gainesville, FL 32608

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