

**L09000118341**

Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

cjt/z l.l.c.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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**EXAMINER**

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CJT/Z L.L.C.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1356 Beverly Road, Suite 300  
McLean, VA 22101

Mailing Address:

C/O Shelley Hayes Dehne  
3355 Claire Lane  
Jacksonville, Florida 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

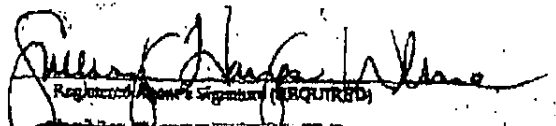
The name and the Florida street address of the registered agent are:

Shelley Hayes Dehne  
Name

3355 Claire Lane  
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 33133  
City, State, and Zip

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 as provided for in Chapter 608, F.S.

  
Registered Agent's Signature (REQUIRED)

Shelley Hayes Dehne

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGM

RAJAI ZUMOT

~~RAJAI ZUMOT~~

c/o Shelley Hayes Dehne

3355 Claire Lane

Jacksonville, Florida 32133

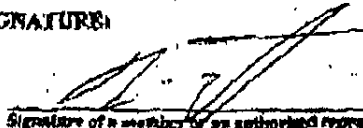
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(Use attachment if necessary)

**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.

member

(In accordance with section 606.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

scution  
f perjury

Rajai Zumot

Typed or printed name of signer

**Filing Fees:**

Filing Fee for Articles of Organization and Designation  
of Registered Agent  
Certified Copy (Optional)  
Certificate of Status (Optional)

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