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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY.OF STATE STORE OF CORPORATIONS

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EXAMINER

COVER LETTER

| | istration S ision of Co | ection rporations | | | | |
|----------------|----------------------------|---|------------------|--|--|---|
| SUBJECT: | | JCR Ta | ampa | Holdi | ngs, LLC | • |
| 20202011 | | Name of Limite | | | | |
| The enclosed | l Articles o | f Organization and fee(s) are s | submitt | ed for fili | ng. | 4 |
| Please return | all corresp | ondence concerning this matt | er to th | e followi | ng: | OMA |
| | | Christo | • | | d, Esq. | |
| | | | Name | f Person | | |
| | | McIntyre, Panzarella, | | | Eleff & Ho | ffman, P.L. |
| | | | Firm/C | ompany | | |
| | | 6943 | 8 E. F | owler A | ve. | |
| | | | Ado | dress | | |
| | | | | FL 336 | | |
| | | | • | and Zip Co | | |
| | | E-mail address: (to be used it | mcir or futur | ntyrefirr e annual re | n.com eport notificatio | on) |
| For further in | nformation | concerning this matter, please | e call: | | | |
| | | pher C. Todd | _ at (| | _) | 899-6059 |
| | Name | of Person | | Area Co | ode & Daytime | Telephone Number |
| Enclosed is | a check for | or the following amount: | | | | |
| \$125.00 Fi | iling Fee | \$130.00 Filing Fee & Certificate of Status | C | ertified (| ling Fee & Copy opy is enclosed | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Registr Division Cliftor 2661 E | Courier Add ration Section on of Corpora Building Executive Cen assee, FL 323 | tions ter Circle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | |
| JCR Tampa Hold | ings, LLC |
| (Must end with the words "Limited Liabilit | y Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 17323 Linda Vista Circle Lutz, FL 33548 | 17323 Linda Vista Cir. Lutz, FL 33548 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reconstruction. Christopher C. Name | egistered agent are: |
| 6943 E. Fow | rler Ave. |
| Florida street address (P.O. | Box NOT acceptable) |
| Tampa, FL 33617 | FL SA |
| City, State, an | d Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

Page 1 of 2 (CONTINUED)

| | Name and Address: |
|--|--|
| RM | John C. Riesenburger |
| , , | 17323 Linda Vista Circle |
| | Lutz, FL 33548 |
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| 7: Effective date, if other to the date is listed, the date | |
| 7: Effective date, if other to the date is listed, the date is after the date of filing.) DUIRED SIGNATURE: | |
| V: Effective date, if other to the date is listed, the date is after the date of filing.) DUIRED SIGNATURE: Signature of a (In accordance of this document) | e with section 608.408(3), Florida Statutes, the execution tent constitutes an affirmation under the penalties of perjury stated herein are true. |
| /: Effective date, if other to the date is listed, the date is after the date of filing.) DUIRED SIGNATURE: Signature of a contained of this document that the facts | must be specific and cannot be more than five business demonstrative of a member. The with section 608.408(3), Florida Statutes, the execution sent constitutes an affirmation under the penalties of perjury |