

5/4/2010

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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: dianmarantz@att.netRECEIVED
10 MAY -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA LIMITED LIABILITY CO.****J & D Properties South, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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C. LEWIS

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **J & D Properties South, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

6285 North Ocean Boulevard

6285 North Ocean Boulevard

Ocean Ridge, FL 33435

Ocean Ridge, FL 33435

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

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

Dan Marantz

Name

6285 North Ocean Boulevard

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Ocean Ridge, FL 33435

(City / State / 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 - Dan Marantz

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Daniel R. Marantz Declaration of Trust 6285 North Ocean Boulevard
Ocean Ridge, FL 33435

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of member or 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.)

Dan Marantz, Authorized Representative

Typed or printed name of signer

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