L10000048192

# Florida Department of State
Division of Corporations
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(((H10000090801 3)))

H100000908013ABCT

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L. SELLERS
MAY - 5 2010
EXAMINER

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

From:
Account Name : BUCHANAN INGERSOLL PROFESSIONAL CORPORATION
Account Number : I20030000049
Phone : (305)347-4087
Fax Number : (305)347-4089

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

**Email Address:** _____

RECEIVED
10 MAY -4 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**
**JACCEL10, LLC**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $125.00 |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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May. 4. 2010 11:28AM Buchanan Ingersoll & Rooney LLP No. 0174 P. 1

P. 1

* * * Communication Result Report ( Apr. 20. 2010 4:26PM ) * * *

1) Buchanan Ingersoll & Rooney LLP
2)

Date/Time: Apr. 20. 2010 4:25PM

| File No. | Mode | Destination | Pg(s) | Result | Page Not Sent |
|---|---|---|---|---|---|
| 1654 | Memory TX | 18506176383#9224 | P. 4 | OK | |

Please file as of original fax date.

Reason for error
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E. 5) Exceeded max. E-mail size



Florida Department of State
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H100000904013

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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : BUCHANAN INGERSOLL PROFESSIONAL CORPORATION
Account Number : 370030000045
Phone : (305)347-4080
Fax Number : (305)347-4089

**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 LIMITED LIABILITY CO.
JACCELIO, LLC

| | |
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| Certified Copy | 0 |
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10 MAY -4 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

H10000090801 3

TO: **Registration Section**
**Division of Corporations**

SUBJECT: JACCEL10, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan Flaumenhaft
Name of Person

Firm/Company

893 Rainbow Trail
Address

Orange, CT 06477
City/State and Zip Code

aflaumenhaft@sscincorporated.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Pearl, Esq. at ( 305 ) 933-5625
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $125.00 Filing Fee
- ☐ $130.00 Filing Fee & Certificate of Status
- ☐ $155.00 Filing Fee & Certified Copy (additional copy 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

**Street/Courier Address**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H10000090801 3

FILED
10 APR -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000090801 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

JACCEL10, LLC
(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: | Mailing Address: |
|---|---|
| 893 Rainbow Trail | 893 Rainbow Trail |
| Orange, CT 06477 | Orange, CT 06477 |

**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:

Corporation Service Company
Name

1201 Hayes Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
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..*

Jacqueline N. Casper, Assistant VP
Jacqueline N Casper
Registered Agent's Signature (REQUIRED)

(CONTINUED) H10000090801 3

**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| **Title:** | **Name and Address:** |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member | |
| MGRM | Alan Flaumenhaft<br>893 Rainbow Trail, Orange, CT 06477 |
| MGRM | Carol A. Flaumenhaft<br>893 Rainbow Trail, Orange, CT 06477 |
| | |
| | |

(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:**

David A. Pearl

**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.)*

David A. Pearl, Esq.
*Typed or printed name of signee*

**Filing Fees:**

**$125.00 *Filing Fee for Articles of Organization and Designation of Registered Agent***
**$ 30.00 Certified Copy (Optional)**
**$ 5.00 Certificate of Status (Optional)**