Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000165780 3)))



H100001857803ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED

Account Number : 072720000036 Phone : (407)843-4600

PLEASE ARRANGE FILING F THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU

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

Reall Address:

RECEIVED

O JUL 20 PM 4: 08
ECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. JAD-CYPRESS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

A. LUNT

JUL 21 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

س کا سے

H10000165780

ARTICLES OF ORGANIZATION OF JAD-CYPRESS, LLC

ARTICLE I - NAME

The name of this limited liability company is JAD-Cypress, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 5401 S. Kirkman Road, Suite 650, Orlando, Florida 32819.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 5401 S. Kirkman Road, Suite 650, Orlando, Florida 32819, and the name of the initial registered agent of the Company at that address is Kathleen Keller.

ARTICLE IV MANAGEMENT

The Company is to be managed by one or more managers and is, therefore, a managermanaged company.

Kathleen Keller, Authorized Representative of a

Member

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.