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OCT 19 2010

COVER LETTER

TO: Registration Division of C					
_{SUBJECT:} Jedi S	Shamba, L.L.C.				
	Name of Limite	ed Liability Compa	any		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing	g.		
Please return all corres	pondence concerning this matt	er to the following	ţ:		
Werner I	R. Kugler				
		Name of Person			
Jedi Sha	mba, L.L.C.				
		Firm/Company			
4250 So	uthShore Blvd.				
		Address			
Wellington	, Florida 33414				
	•	/State and Zip Code	;		
kugler928@	Daol.com E-mail address: (to be used for	or future annual ren	ort notification)		_
For further information	concerning this matter, please	•	nt notification)	7. 22	
	·			28H0 OCT SESRET	62014 7 1 4
Werner R. Kugle		at (954	683-2988		A BOTOST
Name	of Person	Arca Code	& Daytime Tele	. %<	pro da.
Enclosed is a check f	or the following amount:			PH E	America 2- 3.
▼ \$125.00 Filing Fee		\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations wilding coutive Center Coee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
Jedi Shamba, L.L.C.		
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limit	ed Liability Company is:
Principal Office Address:	Mailing Address:	
4250 SouthShore Boulevard	4250 SouthShore Boule	evard
Wellington, Florida 33414	Wellington, Florida 334	14
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Ag n Registered Agent. You must designate an	gent's Signature: n individual or another
The name and the Florida street address o	f the registered agent are:	281 S
Werner R. Kugler		ZBID OCT 18 SEBRE TAR
, , , , , , , , , , , , , , , , , , , ,	Name	
4250 SouthSh	nore Boulevard	See A

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 fosition as registered agent as provided for in Chapter 608, F.S..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

Wellington, Florida 33414 Ft

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Werner R. Kugler
	4250 SouthShore Boulevard
	Wellington, Florida 33414
(I lea attachment if nagargamy)	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONA
CLE V: Effective date, if other than effective date is listed, the date mus	the date of filing: (OPTIONA t be specific and cannot be more than five business day
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CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer	nber or an authorized representative of a member 188
CLE V: Effective date, if other than effective date is listed, the date mus 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mer (In accordance with section constitutes an affirmation use	nber or an authorized representative of a member of this document and the penalties of perjury that the facts stated herein are trues.
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mere (In accordance with section constitutes an affirmation up I am aware that any false in	nber or an authorized representative of a member of this document ander the penalties of perjury that the facts stated herein are trues formation submitted in a document to the Department of State
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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)