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To:

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

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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.

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FLORIDA LIMITED LIABILITY CO.

Balcof Florida Real Estate, LLC

Certificate of Status	0
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B. KOHR

JAN 1 4 2011

EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Balcop	FLOR	JDA	REAL	ESTATE	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 Omice Address:	Maume Address:
2560 SOUTH OCEAN	RALPH BALCOF
NUMBER 316	P.O. BOX 1269
PALM BRACH, FL 33480	AZUSA, CA 91702

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company senset zerve as its own Registered Agent. You must designate an individual or another business entity with an active Piorida registration.)

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

	C T Corporation System	n
	Name	· · · · · · · · · · · · · · · · · · ·
	1200 South Pine Island R	oad
	Plorida street address (P.C	. Box <u>NOT</u> zoceptable)
	Plantation FL	33324
	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.

CT Corporation System

Registered Agent's Signature (REQUIRED)

Baher Tanius, Assistant Secretary

(CONTINUED) Page 1 of 2

FLORE - ONTEVERT C'T Spring Online

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

MORM	RALPH BALCOP
	930 West 10th Street Azusa, CA 91702
Use attachment if necessary)	

REQUIRED SIGNATURE:

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.)

Mitchell L. Schwary, Jr

Typed or printed name of signas

Filing Feet:

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

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