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Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
JLP INVESTMENTS I, LLC

Certificate of Status	0
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G. MCLEOD

MAY 31 2011

EXAMINER

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**  
**JLP INVESTMENTS I, LLC**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

**JLP INVESTMENTS I, LLC**

**ARTICLE II – Address**

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

**Principal Office Address:**

**11251 NW 20 Street Suite 119  
Miami, FL 33172**

**Mailing Address:**

**11251 NW 20 Street Suite 119  
Miami, FL 33172**


**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:

**Worldwide Corporate Administrators, LLC  
2320 Ponce de Leon Blvd  
Coral Gables, FL 33134**

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.F..*

 **- JANICE CAYON**  
Registered Agent's Signature (REQUIRED)

(Continued)

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

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

**Title:**

***Managing Member***


**Name and Address:**

***Jose Luis Parra  
11251 NW 20 Street 119  
Miami, FL 33172***

**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:**

  
\_\_\_\_\_  
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. I am aware the any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**Jose Luis Parra**

\_\_\_\_\_  
Typed or printed name of signer