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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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EXAMINER



000214337270



CORPORATION SERVICE COMPANY

ACCOUNT NO.: 120000000195 REFERENCE: 988175 4300239 AUTHORIZATION:
ACCOUNT NO. 1 120000000135
REFERENCE: 988175 4300239
AUTHORIZATION: Spulleleman 34
COST LIMIT : \$ 125.00
ORDER DATE: November 21, 2011
ORDER TIME : 3:45 PM
ORDER NO. : 988175-010
CUSTOMER NO: 4300239
DOMESTIC FILING
NAME: JSM SOUTH REALTY ASSOCIATES, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JSM SOUTH REALTY ASSOCIATES, LLC

(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "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:
7608 Rexford Road	One North Broadway, 10th Floor
Boca Raton, Florida 33434	White Plains, New York 10601
	Attention: Lee Harrison Corbin, Esq.
	gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its o	wn Registered Agent. You must designate an individual or another

Michael H. Sp	pector
	Name
7608 Rexford	Road
Florida street	address (P.O. Box NOT acceptable)
Boca Raton	FL 33434
	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 standes 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..

Regulered Agent's Signature (REQUIRED)

Michael H. Spector

(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 I	Member '
MGR	Lee Harrison Corbin
	19403 Sabal Lake Drive
	Boca Raton, Florida 33434
MGR	Michael H. Spector
The state of the s	7608 Rexford Road
	Boca Raton, Florida 33434
(Use attachment if neces	sary)
FICE F.V. Effective data	Cathon than the date of filings
TICLE V. Encouve date,	if other than the date of filing: (OPTIONAL)
e effective date: 1) cannot Florida Department of St	be prior to nor more than 90 days after the date this document is filed by ate; AND 2) must be the same as the effective date listed in the attached a effective date listed therein.)
DUIRED SIGNATURE:	
Signature of a mer	nber or an authorized representative of a member.
(In accordance with section 60 the penalties of perjury that the	18.408(3). Florida Statutes, the execution of this document constitutes an affirmation unde facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Lee Harrison Co	orbin, Trustee
	Typed or printed name of signer