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2012 JAN -6 RM :9: 49

C. LEWIS

JAN 9 2012

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	GCT: 928 Jasmine LLC
50.00	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mark Berey
	MHB Ventures LLC Firm/Company
	3130 JASMINE Dr.
	Delray Beach, FL 33483 City/State and Zip Code
•••	Mark@ MHBVENTURES. COM E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
	MARK BEREY at (561) 455 - 2776 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\int \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
928 JASMINE 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	s:
Principal Office Address: Mailing Address:	
3130 JASMINE Dr. (SAME) Delray Beach, FL 33483	
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:	
MARK BEREY Name	Ţ
MARK BEREY Name 3130 JASMINE DR Florida street address (P.O. Box NOT acceptable) Delra, Beach FL 33483 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stated limite 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 a 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 Registered Agent's Signature (REQUEED) (CONTINUED)	ıll

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FILED

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 12 JAN - 6 RM : 49 Name and Address: Title: SECRETARY OF STATE "MGR" = Manager TALLAHASSEE. FLORIDA "MGRM" = Managing Member Delray Beach FL (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: __ (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 that 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.)

Typed or printed name of signee

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)