Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

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FLORIDA LIMITED LIABILITY CO. Janine P Neumark Family Trust LLC

Certificate of Status	0	
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

JANINE P NEUMARK FAMILY TRUST LLC

LAHASSEE, FLERIDA

ARTICLE II ADDRESS

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

49 N FEDERAL HIGHWAY, STE 114 POMPANO BEACH, FLORIDA 33062

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

STEPHANE PARE 49 N FEDERAL HIGHWAY, STE 114 POMPANO BEACH, FLORIDA 33062

Having been named as registered agent 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.

STEPHANE PARE / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER STEPHANE PARE 49 N FEDERAL HIGHWAY, STE 114 POMPANO BEACH, FLORIDA 33062



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.

STEPHANE PARE