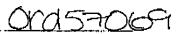
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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633~9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. JEND, LLC

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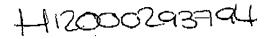
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PAGE 01/03

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EMPIRE CORP



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

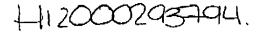
ARTICLE I - Na	kre:		
The name of the L	imited Liability Company i	s:	
JENO, LLC			
. (M	ism and with the words "Limited Lie	bility Company, "L.L.C.," or "LLC	3.")
ARTICLE II - A		principal office of the Lin	nited Liability Company is:
Principal Office	Address:	Mailing Address:	
4954 SW 76 Street		SAME	<u>,</u>
Miami, Florida 33143			
	.,		<u></u>
business entity with an	Company cannot serve as its own Repartitive Florida registration.) Florida street address of the Jill Sheer	e registered agent are:	
4854 SW 76 Street Florida street address (P.O. Box NOT acceptable)			
	Miami	_{FL} 33143	
	Clty,	State, and Zip	_
liability compo registered agent all statutes rela	my at the place designated i	n this certificate, I hereby c acity. I further agree to co lete performance of my dut	emply with the provisions of ties, and I am familiar with
	Registered Algent's Sig	nature (REQUIRED)	_ だ 表。

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
OF CORPORATIONS
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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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Jill Sheer 4954 SW 76 Street Miami, Florida 33143 (Use attachment if necessary) 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 that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in 1.817.155, F.S.) Jill Sheer Typed or printed name of signee Filing Foot: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional) Page 2 of 2

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