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SECREPARY OF STATE

B. BOSTICK

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EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUE	rmerly CCRS)	,	
FILING COVER ACCT. #FCA-14	SHEET			
CONTACT:	KATIE WO	<u>ONSCH</u>		
DATE:	01/14/2013			
REF. #:	RA4097.179	<u> </u>		
CORP. NAME:	JDS ENER	GIES, LLC		
( ) ARTICLES OF INCORPORATION ( ) ANNUAL REPORT		( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK	( ) ARTICLES OF DISS	
( ) FOREIGN QUALIFI	CATION	( ) LIMITED PARTNERSHIP	( XX ) LIMITED LIABII	
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL	
( ) CERTIFICATE OF C	CANCELLATION	ı		
		ITH CHECK# <u>102962</u> FOR \$ CCOUNT IF TO BE DEBIT	125.00 ED:	FILED  13 JAN 14 AM 9: 57  SCURE ARE STATE AND AN AREA SEEF, FLORIDA
PLEASE RETU	ON.	COST L	IMIT: \$	57
		CERTIFICATE OF GOOD STANDING	( XX ) PLAIN	STAMPED COPY
( ) CERTIFICATE O	F STATUS			

Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE-I Name:————————————————————————————————————	The state of the s
The name of the Limited Liability Company is:	
JDS Energies, 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	ne Limited Liability Company is:
Principal Office Address: Mailing Addres	ss:
H 400 Aventura FL 33180  ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered Agent. You must debusiness entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	ALL 3
MARIO A. ROMINE  Name  19950 W Country Clue Drive  Florida street address (P.O. Box NOT  Aventura  City, State, and Zip	AHASSEE FLOR

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 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Jay D. Schwartz 19501 Biscoyne Blvd # 400 Aventura FL 33180
	Por 5
	LAHASSEC.
	STATE ON THE
(Use attachment if necessary	•
CLE V: Effective date, if other	er than the date of filing: (OPTIONAl date must be specific and cannot be more than five busines filing.)
CLE V: Effective date, if other effective date is listed, the country of the date of the date.	er than the date of filing: (OPTIONAl date must be specific and cannot be more than five busines filing.)
CLE V: Effective date, if other effective date is listed, the control or 90 days after the date of the REQUIRED SIGNATURE	er than the date of filing: (OPTIONAl date must be specific and cannot be more than five business filing.)
CLE V: Effective date, if other effective date is listed, the cost to or 90 days after the date of the effective date of the effective date of the effective days after the date of the effective days after the date of the effective days after the effective date, if other days after the effective date, if other days after the date of the effective date, if other days after the date of the effective days after days	er than the date of filing: (OPTIONAl date must be specific and cannot be more than five business of filing.)
CLE V: Effective date, if other effective date is listed, the cost to or 90 days after the date of the constitutes an affirm I am aware that any constitutes a third details a signature of the constitutes and the constitutes and the constitutes and the constitutes and the constitutes at the constit	er than the date of filing: (OPTIONAl date must be specific and cannot be more than five business of filing.)  E:  The specific and cannot be more than five business of a member of a member or an authorized representative of a member.  Section 608.408(3), Florida Statutes, the execution of this document lation under the penalties of perjury that the facts stated herein are true, false information submitted in a document to the Department of State
CLE V: Effective date, if other effective date is listed, the cost to or 90 days after the date of the constitutes an affirm I am aware that any constitutes a third details and the constitutes at th	cer than the date of filing:

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