

**L13000033746**

## Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6383

EFFECTIVE DATE 3-5-13

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: \_\_\_\_\_

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## FLORIDA LIMITED LIABILITY CO.

jockey ph-c, llc

Certificate of Status	0
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3/5/2013

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**JOCKEY PH-C, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall:**

**JOCKEY PH-C, LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

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

**20 ISLAND AVENUE, APT 406  
MIAMI, FL 33139**

**ARTICLE IV**

**The Company shall commence business on: MARCH 5, 2013**

**ARTICLE V**

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

**STEFANO CIOFFI  
20 ISLAND AVENUE, APT 406  
MIAMI, FL 33139**

**ARTICLE VI**

**The name of the Managing Member (s) shall be:**

**MGRM  
STEFANO CIOFFI  
20 ISLAND AVENUE, APT 406  
MIAMI, FL 33139**

**MGRM  
ANTONIO CIOFFI  
20 ISLAND AVENUE, APT 406  
MIAMI, FL 33139**

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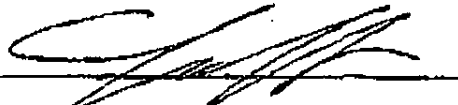
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**JOCKEY PH-C, LLC**  
(Name of company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

ⓧ   
Registered Agent  
**STEFANO CIOFFI**

Print Name

ⓧ   
Signature of a member or an authorized representative of a member.

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(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.)

**STEFANO CIOFFI**  
Typed or printed name of signee

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