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COVER LETTER

TO:	Registration Division of C		•			
SUBJi	ECT: JOHN	'S PASS TRADING	COMPANY MADEIRA BEACH LLC			
		Name of Limit	ed Liability Company			
The en	closed Articles	of Organization and fee(s) are:	submitted for filing.			
Please	return all corres	pondence concerning this matt	er to the following:			
	STEVE	N KRAFT				
			Name of Person			
	S KRA	FT & ASSOC	PA			
			Firm/Company			
	934 N UNIVERSITY DR #250					
			Address			
	CORA	L SPRINGS,	FL 33071			
	SKRAFTI	PA@AOL.COM	y/State and Zip Code for future annual report notification)			
For fu	ther information	concerning this matter, please	call:			
ST	EVEN I	KRAFT	_at (954) 755-0558			
	Name	e of Person	Area Code & Daytime Telephone Number			
Enclo	sed is a check t	for the following amount:				
1 \$125	.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

IOUNIO DAGO TRADINI	0.0040441//44405104.054.04		
	G COMPANY MADEIRA BEACH t end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ADDICE D. M. A. I.			
ARTICLE II - Add		orincipal office of the Limited Liab	sility Commony is:
The maring address	and street address of the p	inicipal office of the Elimited Elac	only Company is.
Principal Office Ad	ldress:	Mailing Address:	
12901 VILLAGE BLVD		C/O S. KRAFT PA	
MADEIRA BEACH, FL 3	33708	934 NUNIVERSITY DR #250	
		CORAL SPRINGS, FL 33071	
The name and the F	lorida street address of the	registered agent are:	5
The name and the ri	forida street address of the	registered agent are:	1 to 1
	STEVEN M KRAFT Nam-		101-8 101-8
	STEVEN M KRAFT		NOV-8 PH
<u>-</u>	STEVEN M KRAFT Nam 10195 W SAMPLE RD.	e	SET PR
<u>-</u>	STEVEN M KRAFT Nam- 10195 W SAMPLE RD. Florida street ac	idress (P.O. Box <u>NOT</u> acceptable)	100 -8 PH 1: 03
<u>-</u>	STEVEN M KRAFT Nam 10195 W SAMPLE RD.	idress (P.O. Box <u>NOT</u> acceptable)	101 -8 PH 1: 03
<u>-</u>	STEVEN M KRAFT Name 10195 W SAMPLE RD. Florida street ac CORAL SPRINGS	ddress (P.O. Box <u>NOT</u> acceptable)	100 -8 PH 1: 03

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

	<u>le:</u> GR" = Manager GRM" = Managi	Name and Address:			
	-				
MG	<u> </u>	NEIL HAMUY 934 N UNIVERSITY DR #250			
		CORAL SPRINGS, FL 33071			
		00142 01 141400, 12 00071			
MG	RM	JAMIE HAMUY			
		934 N UNIVERSITY DR #250			
		CORAL SPRINGS, FL 33071			
		 	<u> </u>		
					
		4			
			 		
(Us	se attachment if n	ecessary)			
(If an effec		e, if other than the date of filing: d, the date must be specific and cannot be more to date of filing.)			
RE	<u>QUIRED</u> SIGN	ATURE: Neultzug			
	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.)				
	NEIL HAMUY				
	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)