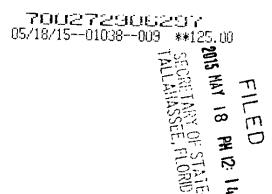
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	JC CFSC HOLDINGS, LLC Name of Lin	nited Liability Company	
The enclosed	Articles of Organization and fee(s) ar	re submitted for filing.	
Please return a	all correspondence concerning this ma	atter to the following:	
<u>l</u>	EFFREY P. CAMP	Name of Person '	
		Firm/Company	
<u>.5</u> 6	00 BRICKELL AVE, APT 4201	Address	
<u>.M</u>	IAMI, FLORIDA 33131	ity/State and Zip Code	
<u>jeff@jod</u>	ocuscapital.com E-mail address: (to be used	for future annual report notifica	ition)
For further inf	ormation concerning this matter, plea	se call:	
<u>JEFFREY P.</u>	CAMP at (_3 Name of Person		ephone Number
Enclosed is a c	theck for the following amount:		
	Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Adduses	Charal County A 1.1	

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
JC CFSC HOLDINGS, 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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
500 BRICKELL AVE, APT 4201 MIAMI, FLORIDA 33131	500 BRICKELL AVE, APT 4201 MIAMI, FLORIDA 33131
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual orann.)
The name and the Florida street address of the registered	l agent are:
JEFFREY P. CAMP	
Name	, FLOOR <b>SE</b>
500 BRICKELL AVE, APT 42 Florida street address (P.O. Box	<u>U1                                    </u>
MIAMI City	FL 33131 Zip

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 605, F.S..

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	MARNES HOLDINGS, L.P.
<u> </u>	500 BRICKELL AVE, APT 4201
	MIAMI, FLORIDA 33131
<del></del>	
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OPTIONAL)
	st be specific and cannot be more than five business days prior to or 90 days
e of filing.)	
<u> </u>	
e of filing.)  CLE VI: Other provisions, if any.	

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

(In accordance with section 605.0203 (1) (b), 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.)

JEFFREY P. CAMP

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)

SECKELARY OF STATE
TALL MIASSEE, FLORIDA

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