

Sep. 28. 2015 3:5 PM

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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) 617-6381

From:

Account Name : DELANEY CORPORATE SERVICES  
Account Number : I20140000112  
Phone : (800) 717-2810  
Fax Number : (518) 465-7883

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

Email Address: jeff@delaneycorp.com

FLORIDA LIMITED LIABILITY CO.  
JWB Holding Company LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 28 PM 2:45

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JWB Holding Company 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 Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

11555 Heron Bay Boulevard

Suite 200

Coral Springs, FL 33076

11555 Heron Bay Boulevard

Suite 200

Coral Springs, FL 33076

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Edward R. Wildman

Name

3255 NW 94 Ave #9700

Florida street address (P.O. Box **NOT** acceptable)

Coral Springs

Florida

33075-9700

City

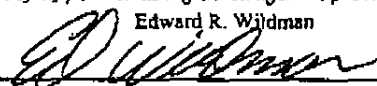
State

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..*

Edward R. Wildman

By:

  
Registered Agent's Signature (REQUIRED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Jane Bloomgarden  
68 Brookby Road  
Scarsdale, NY 10583

Jane Bloomgarden  
68 Brookby Road  
Scarsdale, NY 10583

**ARTICLE VI: Other provisions, if any.**

**REQUIRED SIGNATURE:**

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy (Optional)**  
**\$ 5.00 Certificate of Status (Optional)**