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:

Fax Number

Account Name : DELANEY CORPORATE SERVICES

Account Number : I20140000112

: (800)717-2810

Phone

; (518)465-7883

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FLORIDA LIMITED LIABILITY CO. JWB Holding Company LLC

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

ARTICLE I - Name: The name of the Limited:	Lightlity Company is		
The value of the printing.	Districtly Company 15.		
JWB Holding	Company LLC		
(Mu	st end with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and s	treet address of the principal o	ffice of the Limited L	Jability Company is:
ŗ	rincipal Office Address:		Mailing Address
_		1155	Heron Bay Boulevard
11555 Heron	Bay Boulevard	11333	ticion pay pomentid
Suite 200		Suite	200
Suite 200 Coral Springs	, FL 33076	Suite Coral	200 Springs, FL 33076
Suite 200 Coral Springs ARTICLE III - Register (The Limited Liability Coanother business entity w	FL 33076 ed Agent, Registered Office, empany cannot serve as its own ith an active Florida registratio street address of the registered	Suite Coral & Registered Agent. You.) agent are:	200 Springs, FL 33076
Suite 200 Coral Springs ARTICLE III - Register (The Limited Liability Coanother business entity w	FL 33076 ed Agent, Registered Office, empany cannot serve as its own ith an active Florida registratio	Suite Coral & Registered Agent. You.) agent are:	200 Springs, FL 33076 's Signature:
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Suite 200 Coral Springs ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, empany cannot serve as its own ith an active Florida registratio street address of the registered Edward R. Wildman	Suite Coral & Registered Agent. You n.) agent are: Name	200 Springs, FL 33076 's Signature: ou must designate an individual or
Suite 200 Coral Springs ARTICLE III - Register (The Limited Liability Coanother business entity w	ed Agent, Registered Office, ompany cannot serve as its own with an active Florida registration street address of the registered Edward R. Wildman 3255 NW 94 Ave #9	Suite Coral & Registered Agent. You n.) agent are: Name	200 Springs, FL 33076 's Signature: ou must designate an individual or

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Memb "MOR" = Manager	er ·
AMBR	Jane Bloomgarden
<u></u> _	68 Brookby Road
	Starsdale, NY 10583
MGR	Jane Bloomgarden
MOR	68 Brookly Road
	Scarsdale, NY 10583
	Octavate (14.1.) 50363
	<u> </u>
EV: Effective date, if other the ective date is listed, the date is filing.)	oust be specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other the ective date is listed, the date of filing.) the date inserted in this block ment's effective date on the Die EVI: Other provisions, if any. REQUIRED SIGNATURE. Signature I am aware the constitutes a 4	does not meet the applicable statutory filing requirements, this date will not spartment of State's records. re of a president an authorized representative of a member, it is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that false information submitted in a document to the Department of State and degree felony as provided for in 5.817.155, F.S.

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