Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: BRENNAN, MANNA & DIAMOND, P.L.

Account Number : I20040000104 Phone

: (904)366-1500

Fax Number

: (904)366-1501.

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Jamaal Dean LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	Registration Section Nvision of Corporations
SUBJECT	Jamaal Dean LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please ren	ourn all correspondence concerning this matter to the following:
	Christopher A. Walker
	Name of Person
	Brennan, Manna, and Diamond, P.L.
	Firm/Company
	800 W. Monroe Street
	· Address
	Jacksonville, FL 32202
	City/State and Zip Code cawalker@bmdpl.com
	E-mail address: (to be used for future annual report notification)
For further i	information concerning this matter, please call:
	Christopher A. Walker 904 366-1500
,	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Certificate of Status S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Jamaal Dean LI			
(Musi	end with the words "Limite	d Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and str	reet address of the principal	office of the Limited L	lability Company is:
Pri	incipal Office Address:		Mailing Address:
The Akamai Op			
2950 Halcyon I			
	d Agent, Registered Office.		
ARTICLE III - Registere The Limited Liability Com another business entity wit	d Agent, Registered Office.	n Registered Agent. Yo on.) d agent are: ker	
ARTICLE III - Registere The Limited Liability Com another business entity wit	d Agent, Registered Office, apany cannot serve as its own han active Florida registration treet address of the registere Christopher A. Wall	n Registered Agent, Yoon.) d agent are: Ker Name	's Signature: ou must designate an individual o
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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 abligations of my position as registered agent at provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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The Akamai Option LLC 2950 Haloyon Ln. Suite 102 Jacksonville, Florida 32223 Use attachment if necessary) EV: Effective date, if other than the date of filing:	Title:	Name and Address:
Use attachment if necessary) E.V. Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or stilling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will nate it's effective date on the Department of State's records. EV: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any files information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Christopher A, Walker Typed or printed name of signee Filling Feest: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	"AMBR" = Authorized Member	
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