From 7188897420 1.718.889.7420 Tue Jun 21 07:57:15 2016 MDT Page 1 of 3

From:

## 1.718.8697420 1.718.869.7420 Tue Jun 21 07:57:13 2016 MD1 Page 1 61 3

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H16000150741 3)))



H160001507413ABCZ

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800)221-2972

Fax Number : (888) 692-9256

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

Email Address:

JUN 21 AN 10: 4

## FLORIDA LIMITED LIABILITY CO. JIMMY JAZZ PADDOCK LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

6 JUN 21 PH 3: 01 SECRETARY OF STAT ALLAHASSEE FLORII Annahita Caracasa execusers

Electronic Filing Menu

Corporate Filing Menu

Help

From:

06/21/2016 08:66

#679 P.002/003

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: of the Limited Liabilit	y Company is:		
	Jimmy Jazz Paddock	LLC		
	(Must and	with the words "Limited I	iability Compa	my, "L.L.C.," or "L.L.C.")
	E II - Address: ng address and street a	ddress of the principal off	ice of the Limit	ted Liability Company is:
	Princip	al Office Address:		Mailing Address:
	3100 SW College Ro	oad.	8:	SMetro Way Rm 1181
	Ocala, FL 34474		<u> </u>	ecaucus NJ 07094
(The Lim another I	ited Liability Company ousiness entity with an	active Florida registration	tegistered Ager	gent's Signature: nt. You must designate an individual or
The name	and the Florida street	address of the registered (	igent are:	
		CORPORATION SER	VICE COMA	YNY
			Name	
		1201 HAYS STREET		
		Florida street address	(P.O. Box <u>NO</u> )	[acceptable]
		Florida street address TALLAHASSEE	(P.O. Box <u>NO</u> ) FL	[acceptable]

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 camply 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 I of 2

SECRETARY OF STATE
TALLAHASSEF FLORION

From:

06/21/2016 08:56

#879 P.003/003

# Manager GROUP 34 LLC  ### Secancias NJ 07094.  ### Secancias NJ 07094.  ### COPTIONAL  ### The date must be specific and cannot be more than five business days prior to or 90 decisions in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.  ###################################	itle: AMBR* = Authorized Member MGR* = Manager AMBR	GROUP JI LLC  85Meiro Way Rm 1181  Secanciis NJ 07094	
### Securing NJ 07094.  ### Securing NJ 07094.  #### Securing NJ 07094.  #### Securing NJ 07094.  ###################################	MGR* ≠ Manager AMBR	85Meiro Way Rm. 1181 Secanciis NJ 07094.	
### Secured NJ 07094    Secured NJ 07094   Secured NJ 07094		Secanous NJ 07094	
inserted in this block does not meet the applicable statutory filing requirements, this date will not be effectly date on the Department of State's records.  INFO SIGNATURE:  Substitute of a member of a member of a member.  This algument that any false information submitted for a document to the Department of State are with section 605.0203 (1) (h), Florida Statutes. I am aware that any false information submitted for a document to the Department of State constitutes a third-degree felony as provided for in s.817.155, F.S.			
Signature of a member.  This alternation submitted in a distinct that Deportment of State is an aware that any false information submitted in a distinct that Deportment of State is records.  James KHEZRIE			
Signature of a member.  This alternation submitted in a distinct that Deportment of State is an aware that any false information submitted in a distinct that Deportment of State is records.  James KHEZRIE			
frective date, if other than the date of filing:  (OPTIONAL)  are is listed, the date must be specific and cannot be more than five business days prior to or 90 d  in this block does not meet the applicable statutory filing requirements, this date will not b  effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Significant of a member or an arithmetized representative of a member.  This always are systemed in accordance with section 605,0203 (1) (b), Florida Statutes.  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.			
frective date, if other than the date of filing:  (OPTIONAL)  are is listed, the date must be specific and cannot be more than five business days prior to or 90 d  in this block does not meet the applicable statutory filing requirements, this date will not b  effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Significant of a member or an arithmetized representative of a member.  This always are systemed in accordance with section 605,0203 (1) (b), Florida Statutes.  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.		42 12 4 12 14 14 14 14 14 14 14 14 14 14 14 14 14	
frective date, if other than the date of filing:  (OPTIONAL)  are is listed, the date must be specific and cannot be more than five business days prior to or 90 d  in this block does not meet the applicable statutory filing requirements, this date will not b  effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Significant of a member or an arithmetized representative of a member.  This always are systemed in accordance with section 605,0203 (1) (b), Florida Statutes.  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.			
ffective date, if other than the date of fibing:  ate is listed, the date must be specific and cannot be more than five business days prior to or 90 d.)  inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member on an authororized representative of a member.  This always assessed in successaries with section 605,0203 (1) (b), Florida Statutes. 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.		440000000000000000000000000000000000000	
ffective date, if other than the date of fibing:  ate is listed, the date must be specific and cannot be more than five business days prior to or 90 d.)  inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member on an authororized representative of a member.  This always assessed in successaries with section 605,0203 (1) (b), Florida Statutes. 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.			
ffective date, if other than the date of fibing:  ate is listed, the date must be specific and cannot be more than five business days prior to or 90 d.)  inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member on an authororized representative of a member.  This always assessed in successaries with section 605,0203 (1) (b), Florida Statutes. 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.			
ffective date, if other than the date of fibing:  ate is listed, the date must be specific and cannot be more than five business days prior to or 90 d.)  inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member on an authororized representative of a member.  This always assessed in successaries with section 605,0203 (1) (b), Florida Statutes. 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.	responding been not usually retrieved memory in the		
ffective date, if other than the date of fibing:  ate is listed, the date must be specific and cannot be more than five business days prior to or 90 d.)  inserted in this block does not meet the applicable statutory filing requirements, this date will not be effective date on the Department of State's records.  Other provisions, if any.  IRED SIGNATURE:  Signature of a member on an authororized representative of a member.  This always assessed in successaries with section 605,0203 (1) (b), Florida Statutes. 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.			
Signature of a member on an additionarized representative of a member.  This always an account of states of a member.  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.  JAMES KHEZRIE	filing.) he date inserted in this block does not meet th eat's effective date on the Department of Stat (VI: Other provisions, if any.	e applicable statutory filing requirements, this dute will not o's records.	
JAMES KHEZRIE	REQUIRED SIGNATURE:  Signature of a monster of This about the construction of Law aware that any false infer-	na authenorized representative of a member.  Surfaction with section (OS.0203 (1) (h), Florida Statules.  nation submitted in a document to the Department of State	
JAMES KHEZRIE Typed or printed name of signer		A mar King a second and a second as a second a second as	
a 6.8 million. While the contract of a definition	JAMES KHEZRIE	ed or orlinted name of signer	
	Tyn		-
Filing Fors:	Тур		4
ers remain over the clearing of exposure arms and isomother will be revisible about		Filing Fees;	SWHV
	5125,00 Filing Fee for Articles of Organiza	Filing Fors:	
00 Certified Copy (Optional)		Filing Fees:	

and the control of th