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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

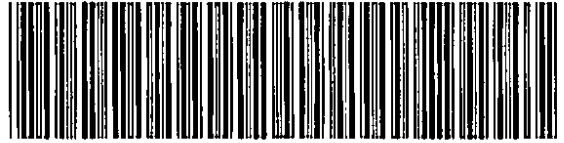
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 02/20/17

KEVIN M. LaMONTAGNE
Attorney at Law
639 East Ocean Avenue
Suite 207
Boynton Beach, Florida 33435
Telephone: (561) 732-0100
Facsimile: (561) 732-0877
Email: klamontagne@bellsouth.net

February 16, 2017

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: ARTICLES OF ORGANIZATION OF JIM EDWARD PROPERTIES, L.L.C.

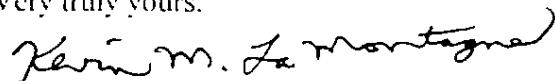
TO WHOM IT MAY CONCERN:

In connection with the above-referenced matter, enclosed for filing please find the Articles of Organization for a new limited liability company, together with a check in the amount of \$130.00, which sum represents the filing fee and fee for the designation of registered agent in the amount of \$125.00, plus \$5.00 for a Certificate of Status.

Please return all correspondence concerning this matter to the attention of Kevin M. LaMontagne, Esquire, 639 E. Ocean Avenue, Suite 207, Boynton Beach, Florida 33435. I enclose an extra copy of the Articles for you to date stamp and return to me along with the Certificate of Status.

Should you have any questions, please do not hesitate to call this office.

Very truly yours,



Kevin M. LaMontagne

KML:ps

enclosures noted

ARTICLES OF ORGANIZATION

OF

JIM EDWARD PROPERTIES, L.L.C.

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

JIM EDWARD PROPERTIES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Street Address: 523 Industrial Avenue
Boynton Beach, FL 33426

Mailing Address: 523 Industrial Avenue
Boynton Beach, FL 33426

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

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

Name: Kevin M. LaMontagne

Florida street address: 639 East Ocean Avenue, Suite 207
Boynton Beach, FL 33435

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, Florida Statutes.

Kevin M. LaMontagne
Signature of Registered Agent

ARTICLE IV- Authorized Person(s):

The Limited Liability Company is a member-managed limited liability company. The name and address of each person authorized to manage and control the Limited Liability Company is as follows:

Title:

"AMBR" = Authorized Member

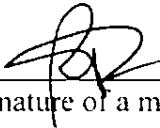
"MGR" = Manager

Name and Address:

AMBR

Rita Schroeter
2638 Gately Drive East
Apt. 104
West Palm Beach, FL 33415

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 affirm 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 Section 817.155, Florida Statutes.)

RITA SCHROETER

Typed or printed name of signee

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