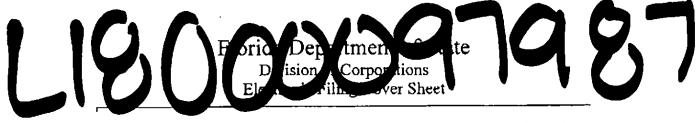
(FAX)845 818 3588

P.001/003 Page I of 2



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(((H18000124553 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: VCORP SERVICES, LLC

Account Number: I20080000067

: (845)425-0077

Phone Fax Number

: (845)425-0077

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

EMBIL Address: State notices @ vorp services. com

FLORIDA LIMITED LIABILITY CO.
JDEM Miami, LLC

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Ã	ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITE	I D LIABILITY COMPANY
ARTICLE I	- Name: the Limited Liability Company is:		
J	DEM Miami, LLC		
_	(Must end with the words "Limited L	iability Compar	ıy, "L.L.C.," or "LLC.")
ARTICLE I	I - Address: address and street address of the principal offic Principal Office Address:	ce of the Limite	d Liability Company is:  Mailing Address:
	133 Briarcliff Circle		33 Briarcliff Circle
<u> </u>	oca Raton, FL 33496		ca Raton, FL 33496
(The Limited another bus	II - Registered Agent, Registered Office, & Liability Company cannot serve as its own Reness emity with an active Florida registration.)  d the Florida street address of the registered ag	egistered Agent	ent's Signature: . You must designate an individual or
	Vcorp Services, LLC		<u></u>
	,	iame	
	5011 South State Road Florida street address (		accentable)
	FIOTION Street address (		gachane)
	Davie	FL	33314
	City	State	7.in

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	JVEM Grand Island, LLC
	183 Lefferts Road
	Woodmere, NY 11598
AMBR	Joel Schneider
	4133 Briarcliff Circle
	Boca Raton, FL 33496
AMBR	David Kaufman
1 TOTA NEW W	290 Central Avenue
	Lawrence, NY 11559
EV: Effective date, if other than the date of ctive date is listed, the date must be spe filling.) the date inserted in this block does not m	of filing: (OPTIONAL) selfic and cannot be more than five business days prior to or 9 seet the applicable statutory filing requirements, this date will no
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