Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address:

BOB@VINIARCPA.COM

FLORIDA LIMITED LIABILITY CO. JRS HOLDINGS LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR F	LORDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
The name of the Emilied Liability Company is.	
JRS HOLDING	GS LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:
Principal Office Address: Maili	ng Address:
2875 JUPITER PARK DRIVE, SUITE 1700 JUPITER, FLORIDA 33458	2875 JUPITER PARK DRIVE, SUITE 1700 JUPITER, FLORIDA 33458
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent, You must designate an individual or
The name and the Florida street address of the registered	agent are:
JOHN SIEBERT	,
Name	c)
2875 JUPITER PARK Di Florida street address (P.O. Box	
JUPITER City	FL 33458
Cny	4.41,

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)

YOHN SIEBERT

(CONTINUED)

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"MGR" = Manager	Name and Address;	
MGR	JOHN SIEBERT	
WOIN	2875 JUPITER PARK DRIVE, SUITE 1700	
	JUPITER, FLORIDA 33458	
Use attachment if necessary)		
F.V.: Effective date, if other than the date of filing	. (OPTIONAL)	
ctive date is listed, the date must be specific an	d cannot be more than five business days prior to or 9	
f filing.)		
VI: Other provisions, if any.		
•		
	5: 0M	
REQUIRED SIGNATURE:	0.00	
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a member.	
Signature of a member or (In accordance with section 505.0203	an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document	
Signature of a member or (In accordance with section 605.0203 constitutes an affirmation under the I am aware that any false informatio	an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this documen penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State	
Signature of a member or (In accordance with section 505.020) constitutes an affirmation under the	an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of State	

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