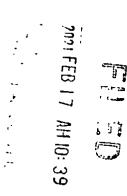
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(Reque	estor's Name)	
(Addre	ss)	
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PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
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(Docur	nent Number)	
ertified Copies	Certificates of S	Status
Special Instructions to Filin	ng Officer:	

Office Use Only



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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

ENTITY NAME_J	efferson Square Renta	ils LLC	
DOCUMENT NUM	BER		
	PLEASE FIL	E THE ATTACHED AND RETURN	
	Plain Copy		
<u> </u>	Certified Copy		
	Certificate of Stat	ias	,0 & '
	Certified Copy of s Certified Copy of s Certificate of Stat	HE FOLLOWING FOR THE ABOVE ENTITY** Arts & Amendments Arts & Amendments Complete File (Inclading Annual Reports) as as Reflecting:	

	APOSTILLE	'/NOTARIAL CERTIFICATION	
COUNTRY OF DEST.		,	
COUNTRY OF DEST. NUMBER OF CERTI		"/ NOTARIAL CERTIFICATION**	

COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	Jefferson Square Rentals LLC	
SUBJECT;	Name of 1	Limited Liability Company
The enclosed	Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	matter to the following:
_	Dolores Burton	
_	· · · · · · · · · · · · · · · · · · ·	Name of Person
	United Corporate Service	ces, Inc.
-		Firm/Company
_	100 State Street, Suite	800
		Address
	Albany, NY 12207	
	tomlinson@larypc.com	City/State and Zip Code
_		sed for future annual report notification)
For further info	ormation concerning this matter, ple	ase call:
.\	ax B. Sender, Esq.	631 761-0812
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
□\$125.00 ff		& CI\$155.00 Filing Fee & D\$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
, , , , , , , , , , , , , , , , , , ,	
Jefferson Square Rentals LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of t	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
4237 Salisbury Road, #207	4237 Salisbury Road, #207
Jacksonville, F1. 32216	Jacksonville, FL 32216
ARTICLE III - Registered Agent, Registered Office, & Regis (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent ar	re:
Christopher Grenzig	
Name	<u>;</u> ~ #
4237 Salisbury Road, #207_	

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.

Florida street address (P.O. Box NOT acceptable)

State

Zip

Jacksonville

City

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

MGR	Empire Property Ventures LLC 4237 Salisbury Road, #207 Jacksonville, FL 32216
(Use attachment if necessary)	
ICLE V: Effective date, if other the effective date is listed, the date is deep of filing.) If the date inserted in this block	an the date of filing:
ICLE V: Effective date, if other the effective date is listed, the date is deep of filing.)	nust be specific and cannot be more than five business days prior to or 90 days all does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.
ICLE V: Effective date, if other the effective date is listed, the date is ate of filing.) If the date inserted in this block ocument's effective date on the D	nust be specific and cannot be more than five business days prior to or 90 days at does not meet the applicable statutory filing requirements, this date will not be liste epartment of State's records.

This document is executed 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.

Max B. Sender, Esq., Authorized Representative
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)