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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

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

Email Address:

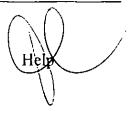
FLORIDA LIMITED LIABILITY CO.

JMP Property Solutions, LLC

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

Electronic Filing Menu

Corporate Filing Menu



(((H22000063774 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: JMP Property Solutions, 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 the Limited Liability Company is: Mailing Address: Principal Office Address: 1549 Ringling Blvd. 1549 Ringling Blvd. Suite 510 Suite 510 Sarasota, FL 34236 Sarasota, FL 34236 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

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 plating 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.

egitered Agent's Signature (REQUIRED)

(CONTINUED)

(((H22000063774 3)))

To:

(((H22000063774 3)))

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Michael Ruder	_
	1415 2nd Street, Unit 720	•
	Sarasota, FL 34236	-
AMBR	Jeffrey S. Yablon, Esq.	
	710 N. Lemon Avc. #462	_
	Sarasota, FL 34236	-
AMBR	Paul Sellers	
12000	1415 2nd Street, Unit 720	-
	Sarasota, FL 34236	-
		- -
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(Use attachment if necessary)	:	33
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Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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