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Certified Copies	Certificates of	of Status
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Special Instructions to Filin	g Officer:	

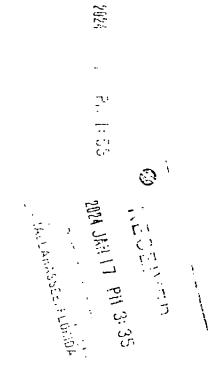
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When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALKIN		
	PICK U	UP: BROOK 1/17
XX	CERTIFIED COPY PHOTOCOPY	
	GS	
XX	FILING	LLC
1.	MUELLER J&C 2 LLC (CORPORATE NAME AND DOCUM	
2.	(CORPORATE NAME AND DOCUM	4ENT #)
3.	(CORPORATE NAME AND DOCUM	MENT #)
4.	(CORPORATE NAME AND DOCUM	MENT #)
5.	(CORPORATE NAME AND DOCUM	1ENT #)
6.	(CORPORATE NAME AND DOCUM	IENT #)
SPECIA INSTRU	L ICTIONS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Mueller J&C 2, LLC	
(Must contain the words "Limited Liabi	ility 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:
Principal Office Address:	Mailing Address:
2220 J&C Blvd., #5	2220 J&C Blvd., #5
Naples, FL 34109	Naples, FL 34109
ARTICLE III - Registered Agent, Registered Office, & Re The Limited Liability Company cannot serve as its own Registration.)	istered Agent. You must designate an individual or
The name and the Florida street address of the registered ager	nt are:
Jeff Novatt, Esq.	
Nai	me

1415 Panther Lane, Suite 432

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)

City State Zip

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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

	Title: - "AMBR" = Authorized Member	Name and Address:	
	"MGR" = Manager		
	MGR = Manager MGR	Gregory Mueller	
		2220 J&C Blvd., #5	
		Naples, FL 34109	
	MGR	Dawn Mueller	
		2220 J&C Blvd., #5	
		Naples, FL 34109	
	(Use attachment if necessary)		
\RTI	ICLE V: Effective date, if other than the da	ate of filing: (OPTIONAL)	
lf an	effective date is listed, the date must be	specific and cannot be more than five business days prior to or 90 days after	
	ate of filing.)		
		at meet the applicable statutory filing requirements, this date will not be listed as	
ne a	ocument's effective date on the Departme	nt of State's records.	
RTI	CLE VI: Other provisions, if any.		
This I	imited liability company is a manager-ma	anaged limited liability company.	
	 	·	
	REQUIRED SIGNATURE:		
	ALAMINED SIGNATURE:	1 19A EU	
		con cy.	
	consture 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 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.

Jeff Novatt, 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)