

COST LIMIT : # 1885 5337.50

NAME: J.P.M.P. ENTERPRISES, L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP

6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
FLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Victoria L. Perez

EXAMINER'S INITIALS:

T. BROWN FEB 2 8 1996

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE

The name of the Limited Liability Company is:

J.P.M.P. ENTERPRISES, L.C.

The mailing address and street address of the principal office of the Limited Liability Company is:

10568 Whooping Crane Way, Palm City, Florida 34990

The period of duration for the Limited Liability Company shall be:

perpetual

ARTICLE IV - Managements (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(cs) of the managing member(s) is/ are:

Joseph K. Posillico, 68 Thompson Avenue, Babylon, New York 11702

ARTICLE V- Admission of Additional Members:
The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted on the affirmative vote of a majority of the existing members, provided that any such additional member shall agree to be bound by, and become a signator to, the Operating Agreement of the Limited Liability Company in effect at the time such party is admitted as an additional member.

ARTICLE VI - Members Rights to Continue Business:
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The Limited Liability Company may continue business in any such event upon the affirmative vote of the Managing Member and any one other member of the Limited Liability Company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned membe	r or authorized rep	resentative of a memb	er of J.P.M.P.	_
ENTERPRISES, L.	Z <u>-</u>	deposes and	says:	
1) the above named limit	ed liability compa	ny has at least two mer	nbers	
2) the total amount of car	th contributed by t	ne member(s) is \$ 25	.000.00	
3) if any, the agreed values =	te of property other. A description of the	r than cash contributed se proporty is attached	by member(s) is and made a part hereto	•
4) the total amount of ca \$ _25,000_00	ish or property an This total includes	ticipated to be contrib amounts from 2 and	buted by member(s) is 3 sbove.	

Signature of a metaber or authorized representative of a member.
(In accordance with sention 608.408(3), Piorida Statutes, the amoution of this of Sidevit constitutes an affirmation under the panalties of perjury that the facts stated bords are true.)

Joseph K. Posillico

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, PLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

CORPORATION SERVICE COMPANY (Name) 1201 Hays Street, Suite 105 (P.O. Box and service) Tallahassee, Florida 32301 (Chy/Sun/Zp) Service of process for the abox appointment as registered agent and to accept service of process for the abox appointment as registered agent and agree to act in this carpificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree to appoint the provisions of all statutes relating to the proper and complete performant my duties, and I am familiar with and accept the obligations of my position as registered.		
CORPORATION SERVICE COMPANY (Name) 1201 Hays Street, Suite 105 (P.O. Box an everywhi) Tallahassee, Florida 32301 (Chylsun/Ze) (Chylsun/Ze) (Chylsun/Ze) I hereby accept service of process for the about of limited liability company at the piace designated in this certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree moly with the provisions of all statutes relating to the proper and complete performance my duties, and I am familiar with and accept the obligations of my position as register.		12 SE
(Name) 1201 Hays Street, Suite 105 (P.O. Box management) Tallahassee, Florida 32301 (Chy/Sum/Ze)	The name and address of the registered agent and on	100 18;
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