FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahagnee, FL 32314

UBJECT:	u represent limited liability co	d Compony mpany namid - must include suf-	bx) 00002062210- -01/17/970109401 ****293,75 ****293
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\$285.00 Filing Fee & Registered Agent designation ertificate	\$293.75 Filing Fee, Registered Agent Designation &	\$337.50 Filing Fee, Registered Agent Designation & Certified Copy &	S346.25 Filing Fee Registered Agent Posignation, Em
	Chorleene T.		MORM
	921 Woodbr		163/917 —
,	904 478	3362	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JCN Limited Company

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company Street Address
1921 Wood bridge DR.
Pensacola, Fl. 32519

MAILING ADDRESS P.O. Box 30512

Pensocolo, FL. 32503-1512

ARTICLE III - Duration: The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management: (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(es) of the managing member(s) is/ are:

Charleene T. Factini 1921 Woodbridge Drive Pensacola, Florida 32514

John D. Forlini 1921 Woodbridge DR. Pensocolo, Fl. 32514 **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:

The terms and conditions toodnit additional members consists to tally of unenimous ogreement by the two original members (John D and Charleene T. Forlini) OR IN case of death, by the survivae OR SURVIVAR'S Heir (John Neel Forlivi).

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 right of continuing the limited liability conpony is possed directly to the remaining member (John D. OR Charleone T. Forlini) OR in the event of the death of both members, to the daughter of John D. and Charleone T. Forlin; (John Noel Forlini).

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of . JCN
Limited Company,
1) the above named limited liability company has at least two members
00
2) the total amount of cash contributed by the member(s) is \$
3) if any, the agreed value of property other than cash contributed by member(s) is \$ A description of the property is attached and made a part hereto.
4) the total amount of cash or property anticipated to be contributed by member(s) is \$ 10,000 . This total includes amounts from 2 and 3 above.
Signature of a member or authorized representative of a member.
(In accordance with section 608 A08(3), Florida Statutes, the amounton of this affidevit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. Th	e name of the limited liability company is: JCN Limited C	ONDINY
2. Th	e name and address of the registered agent and office is:	75 to
	Charleene T. Forlini	ALLAH
	1921 Woodbridge DRIVE	ILE 17 ARY O
	(P.O. Box or Mail Drop Box HOT ecceptable) PENSACOLO, FLOIILE, 32514	PH 9: 16 F STATE FLORID
	(City/State/Zip)	6

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.

Chalen (-)alen: 1/14/97