L99000007480

Attn: Tammy
Can I please get this one right away. Thanks

Florida Department of State

Division of Corporations
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     Fax Number       : (850)922-4003

From:
     Account Name     : CORPORATE & CRIMINAL RESEARCH SERVICES
     Account Number : 110450000714
     Phone            : (850)222-1173
     Fax Number       : (850)224-1640
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LIMITED LIABILITY COMPANY

JJD POMPANO, LLC

L99-7480

Certificate of Status	0
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Page Count	01
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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 5, 1999

CORPORATE & CRIMINAL RESEARCH SERVICES

SUBJECT: JJD POMPANO, LLC
REF: W99000025571

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Heileen Sosa must sign as authorized representive on the blank where you have the effective date listed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

JJD Fuapuno L.L.C.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Buchanan Ingersoll P.C.
100 Southeast Second Street, Suite 2100
Miami, Florida 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Heileen Sosa, Esq.
Name

c/o Buchanan Ingersoll P.C., 100 Southeast Second Street, Suite 21
Florida street address (P.O. Box NOT acceptable)

Miami FL 33131
City, State, and 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Heileen Sosa
Registered Agent's Signature

Article IV - Management (Check box if applicable.)
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Heileen Sosa
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Heileen Sosa, Authorized Representative
Typed or printed name of signee

FILING FEES:
$ 100.00 Filing Fee for Articles of Organization
$ 35.00 Designation of Registered Agent
$ 10.00 Certified Copy (OPTIONAL)
$ 5.00 Certificate of Status (OPTIONAL)

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