PLEASE READ ALL INSTR	RUCTIONS BEFORE CO	MPLETING THIS FORM.
COMPANY Se	EPARTMENT OF STATE cretary of State on of Corporations	SECRETARY OF STATE SIVISION OF CORPORATIONS 10 FEB -9 AM III IO
DOCUMENT # M050000		
J.G.S. HOLDINGS, L	110	900167918589 0270371001036002 **377.50
Principal Office Address - No P.O. Box # 3. Mailing Office		CR2E041 (11/09)
6922W. GOOD HOPE KD 6922h		State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #, etc	<u> </u>	WiSCONSin Date Organized or Qualified
City & State Cyr & State		To Do Business in Florida 6 8 05
MINANTEE WI MINAL	IKEE !	Applied For Applied For Not Applicable
53223 NIWAKEE 5322	3 NuAULEE 7.	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Register	ed Agent	
Name ORPORATION SERVICE (ompany [A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable) 1201 HAVS STREET		in circumstances which the entity did not receive the prior notices. By checking this
Suite Apt. #. Etc.		box, you are certifying the prior notices were not received and requesting the \$100
City	State Zip Çode	reinstatement be waived.
MALANASSEE	FL 32301-2525	· · · · · · · · · · · · · · · · · · ·
9. I, being appointed the registered agent of the above named limited lia	ability company, am familiar with and accep	pt the obligations of Chapter 608, F.S
Signature of Registered Agent See attached	For Signature	Date
REGISTERED AGEN	T MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers Titles Name of	Street Address of Each	City I State I 7 in
Managing Members/Managers	Managing Member/Manager	City / State / Zip
MCRM JUDITH H. GRINES 6	922 W. GOOD HOPE	ERD. P WWAKEE WE 53223
DEDICTATE ACAD		
REINSTATEMENT 2009, 2	010	
11. E-mail Address:		
12. I certify that I am managing member/manager or the receiver or this	be used for future annual report notifications) tee empowered to execute this application	n as provided for in Chapter 608, F.S. I further certify that when
filing this reinstatement application the reason for dissolution has been all fees owed by the limited liability company have been paid the info as if made under oath	n emminiated, the littlifed liability company normation-indicated on this application is true ✓	name sausities the requirements of section 608,406, F.S., and that e and accurate, and my signature shall have the same legal effect
Signature of Managing Member/Manager	ines Date O1/29	3/10 Daytime Phone (414) 218-3462
7- 77		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

 The name of the Limited Liability Cor JGS Holdings LLC 	mpany is:	
2. The name and the Florida street addre	ss of the registered a	gent and office are:
Corporation Service Comp	pany	
	(Name)	
1201 Hays Street	Address (P.O. Box NOT	ACCEPTABLE)
Pionua Suect A	Addless (F.O. Dox. MOT	ACCER TABLE)
Tallahassee	FL	32301
	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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Skey Ci Subhi (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)