

L0300000 4299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

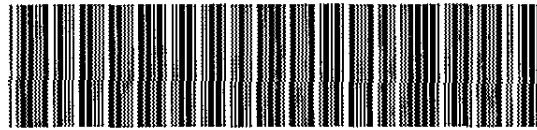
(Document Number)

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FILED  
03 FEB -4 AM 9:11  
TALLAHASSEE, FLORIDA

P.O. Box 5321  
Lakeland, FL 33807-5321

January 31, 2003

RE: Articles of Organization

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

To Whom it may concern:

Please find the attached Articles of Organization and related fees for the registration of:

**Abana Services, LLC.**

My contact information is as follows:

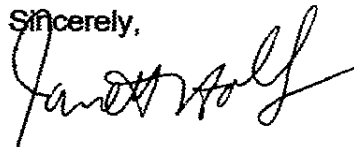
Name Jarrett Hollis

Mailing Address: P.O. Box 5321  
Lakeland, FL 33807-5321

Street Address: 115 Country Club Lane  
Mulberry, FL 33860

Phone: (863) 425-6874

Sincerely,



Jarrett Hollis

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Abana Services, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
Mailing Address: P.O. Box 5321                      Street Address: 115 Country Club Lane  
Lakeland, FL 33807                                      Mulberry, FL 33860


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

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

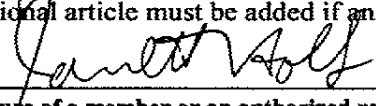
Jarrett Hollis  
Name  
115 Country Club Lane  
Florida street address (P.O. Box **NOT** acceptable)  
Mulberry                                      FL 33860  
City, State, and Zip

FILED  
03 FEB - 4 AM 9: 11  
CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

*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.*

  
Registered Agent's Signature

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

  
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.)

Jarrett Hollis  
Typed or printed name of signee

- Filing Fees:**  
\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)