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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : 120010000215 Phone : (904)777-1533 Fax Number : (904)777-1717

### LIMITED LIABILITY COMPANY

Robert Wampler Tile Worx, LLC

Certificate of Status	1
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: Robert Wampler Tile Worx, LLC

EFFECTIVE DATE

#### ARTICLE II. ADDRESS:

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

946 Player Road Jacksonville, FL 32218

## ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Robert Wampler, MGR. 946 Player Road Jacksonville, FL 32218

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.

Robert Wampler/ Registered Agent

18 00 13

#### ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title: MGR. Name and Address: Robert Wampler 946 Player Road Jacksonville, FL 32218 SHOV 13 AMII: 46

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#### ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be November 13, 2003.

#### REQUIRED SIGNATURE:

Robert Wampler, Member

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

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