L03000056973

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000343922 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

EFFECTIVE DATE 1-1-04

From:
Account Name : A.B.S. OF JACKSONVILLE, INC.
Account Number : I20010000215
Phone : (904)777-1533
Fax Number : (904)777-1717

LIMITED LIABILITY COMPANY

Don McCarter Plumbing Company, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$130.00

03 DEC 30 AM 8:38 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

APPROVED AND FILED

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Don McCarter Plumbing Company, LLC**

ARTICLE II. ADDRESS:

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

4793 Lenox Avenue
Jacksonville, FL 32205

EFFECTIVE DATE
1-1-04

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

The name and Florida street address of the registered agent are:
Don McCarter, MGR.
4793 Lenox Avenue
Jacksonville, FL 32205

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.

Don McCarter

Don McCarter/ Registered Agent

12-30-03

Date

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

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

Title:	Name and Address:
MGR.	Don McCarter 4793 Lenox Avenue Jacksonville, FL 32205

03 DEC 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be **Janaury 1, 2004.**

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 30 day of Dec, 2003.

Don McCarter, 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.)

APPROVED
AND
FILED
03 DEC 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA