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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

Anthony Lockett Contractor, LLC

Certificate of Status	1
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Page Count	01
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME:

The name of the Limited Liability Company is: Anthony Lockett Contractor, LLC

#### ARTICLE IL ADDRESS:

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

3580 Pall Mall Drive #2301 Jacksonville, FL 32257

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

The name and Florida street address of the registered agent are: Anthony C. Lockett, MGR. 3580 Pall Mell Drive #2301 Jacksonville, FL 32257

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, until am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Authory C. Lockett/ Registered Agent

## 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: Anthony C. Lockett 3580 Pall Mall Drive #2301 Jacksonville, FL 32257

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# ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be January 14, 2004.

# REQUIRED SIGNATURE:

Anthony C. Lockett, Member

(in accordance with section 608.408(‡), 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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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 14, 2004

A.B.S. OF JACKSONVILLE, INC.

SUBJECT: ANTHONY LOCKETT CONTRACTOR, LLC

REF: W04800001963

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

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 14, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 6D days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist FAX Aud. #: H04000009155 Letter Number: 004A00002753

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