

L04000005835

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

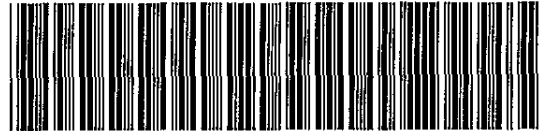
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TALLAHASSEE, FLORIDA

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04 JAN 22 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 405731 4351925

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 125.00

FILED  
04 JAN 22 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 22, 2004

ORDER TIME : 10:42 AM

ORDER NO. : 405731-005

CUSTOMER NO: 4351925

CUSTOMER: Kathleen M. Smith, Legal Asst  
Frank J. Yong, P.a.

Suite 1a  
4570 St. Johns Avenue  
Jacksonville, FL 32210

DOMESTIC FILING

NAME: JACOBS SUMMERALL, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
JACOBS SUMMERALL, LLC**

04 JAN 22 PM 3:40  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jacobs Summerall, LLC

**ARTICLE II - Address:**

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

1500 Stonebriar Road  
Green Cove Springs, Florida 32043

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

From the date of filing this company shall exist perpetually. Its existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five days, exclusive of legal holidays, after they are executed and acknowledged, corporate existence shall commence upon filing by the Department of State.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Kathy Summerall  
1500 Stonebriar Road  
Green Cove Springs, Florida 32043

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The unanimous consent of all the Members.


**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

If all the Members unanimously consent, the business shall continue.

**ARTICLE VII - Number of Members:**

The undersigned member or authorized representative of a member of Jacobs Summerall, LLC certifies that the above-named limited liability company has at least one member.

  
Kathy Summerall, Member

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

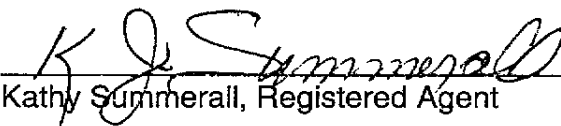
**CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED  
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

In compliance with Sections 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:

1. The name of the Limited Liability Company is Jacobs Summerall, LLC.
2. The name and the Florida street address of the registered agent are:

Kathy Summerall  
1500 Stonebriar Road  
Green Cove Springs, Florida 32043

Having been named as registered agent 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.

  
Kathy Summerall, Registered Agent