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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

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

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

: (904)777-1717

LIMITED LIABILITY COMPANY

El Chaparral, LLC

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

ARTICLE L NAME:

The name of the Limited Liability Company is: El Chaparral, LLC

EFFECTIVE DAT

ARTICLE II. ADDRESS:

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

7628 103rd Street Suite 13 Jacksonville, FL 32210

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

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

Francisco Angel, MGR. 7628 103rd Street Suite 13 Jacksonville, FL 32210

flaving 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 are 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 508, Florida Statutes.

Francisco Angel/ Registered Agent

2/16/04 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: MGR.

Name and Address: Francisco Angel 7628 103rd Street Suite 13 Jacksonville, FL 32210

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MGRM

Pedro Esteban 5668 Falcon Street West Jacksonville, FL 32244

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be February 11, 2004.

REQUIRED SIGNATURE:

Francisco Angel, Member

Pedro Esteban 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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