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

LIMITED LIABILITY COMPANY

Wolfhawk Technologies, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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Corporate Filing

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Public Access Help.

6/14/2004

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Wolfhawk Technologies, LLC

ARTICLE II. ADDRESS:

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

5418 County Road 218 Middleburg, FL 32068

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

The name and Florida street address of the registered agent are: Dale Clemons, MGR.
5418 County Road 218
Middleburg, FL 32068

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.

Dale Clemons/ Registered Agent

E - 14-09 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: Dale Clemons 5418 County Road 218 Middleburg, FL 32068

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REQUIRED SIGNATURE:

Daio Clemons, 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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SECRETARY OF 23
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