Florida Department of State UL -8 A 10:07 Division of Corporations SECRETARY OF STATE Public Access System TALLAHASSEE, FLORIDA

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From:

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

Account Number : I20010000215 Phone : (904)777-1533 Fax Number : (904)777-1717

### LIMITED LIABILITY COMPANY

### Keith Helton, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED OF STATE TALLAHASSEE, FLORIDA

### **ARTICLE I. NAME:**

The name of the Limited Liability Company is: Keith Helton, LLC

### ARTICLE II. ADDRESS:

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

5435 Tiger Hole Road Jacksonville, FL 32216

### ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED <u>AGENT'S SIGNATURE:</u>

The name and Florida street address of the registered agent are: Keith Helton, MGR. 5435 Tiger Hole Road Jacksonville, FL 32216

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.

Keith Helton/Registered Azent

### 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: Keith Helton 5435 Tiger Hole Road Jacksonville, FL 32216

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REQUIRED SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA Organization, this Organization, this day of July , 2004.

(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.)