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To:

Division of Corporations

Fax Number : (850)205-0383

From:

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

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

LIMITED LIABILITY COMPANY

Mike Dickerson, 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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SECRETARY OF SIAIL VISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Mike Dickerson, LLC

ARTICLE IL ADDRESS:

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

7309 Ironside Drive Jacksonville, FL 32244

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

The name and Florida street address of the registered agent are: Mike Dickerson, MGR. 7309 Ironside Drive Jacksonville, FL 32244

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.

Mike Dickeries Registered Agent

7-8-04 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: Mike Dickerson 7309 Ironside Drive Jacksonville, FL 32244 04 JUL -9 AH In: 55

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REQUIRED SIGNATURE:

IN WITNESS WHER	EOF, the undersigned me	mber(s) has executed these	e Articles of
Organization, this	day of	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.)

DIVISION OF CORPORATIONS

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