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Florida Department of State  
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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  
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DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**Digital F/X, LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY

**ARTICLE I. NAME:**

The name of the Limited Liability Company is: Nova Casualty, LLC

**ARTICLE II. ADDRESS:**

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

1751 Royal Fern Lane  
Orange Park, FL 32003

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

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

Derrick Austin, MGR.  
1751 Royal Fern Lane  
Orange Park, FL 32003

*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.*

  
Derrick Austin/ Registered Agent

  
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:**  
Derrick Austin  
1751 Royal Fern Lane  
Orange Park, FL 32003

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TALLAHASSEE, FLORIDA

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**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 13 day of July, 2004.

  
Derrick Austin, 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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