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TALLAHASSEE, FLORIDA

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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

LIMITED LIABILITY COMPANY

Paul Jones, LLC

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Paul Jones, LLC**

ARTICLE II. ADDRESS:

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

9696 NW County Road 225
Starke, FL 32091

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

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

Paul Jones, MGR.
9696 NW County Road 225
Starke, FL 32091

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.


Paul Jones, Registered Agent

7/13/04
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:
Paul Jones
9696 NW County Road 225
Starke, FL 32091

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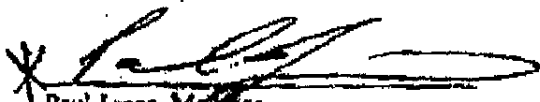
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REQUIRED SIGNATURE:

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


* Paul Jones, 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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