

LO4000060280

AUG-13-04 10:19 AM ABS OF JACKSONVILLE
Division of Corporations

9047771717

P.01
Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000166447 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

Tommy N. Leverett, LLC

Certificate of Status	1
Certified Copy	0
Page Count	013
Estimated Charge	\$130.00

Name	
Availability	
Document	DEC
Number	
Electronic Filing Menu	
Corporate Filing	
Public Access Help	
Number	DEC
Number	DEC
Number	DEC
Number	DEC

H040001664413

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Tommy N. Leverett, LLC**

ARTICLE II. ADDRESS:

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

1717 CR 220 #302
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:
Tommy N. Leverett, MGR.
1717 CR 220 #302
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.


Tommy N. Leverett, Registered Agent

8/13/04
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.

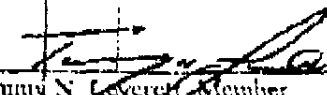
Name and Address:
Tommy N. Leverett
1717 CR 220 #302
Orange Park, FL 32003

H040001664417.3

HO40001160447.3

REQUIRED SIGNATURE:

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


Tommy N. Leverage, 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.)

2004 AUG 13 A 9:39
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-13-04 BY 60322 UCBAW

HO40001160447.3