L04000060736

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.

(((H04000167137 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

RECEIVED
04 AUG 16 AM 11:27
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Best Connect, LLC

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

FILED
2004 AUG 16 A 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name Availability	
Document Examiner	DCC
Updater	DCC
[illegible]	DCC
[illegible]	DCC
[illegible]	DCC

Electronic Filing Menu Corporate Filing Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Best Connect, LLC**

ARTICLE II. ADDRESS:

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

11524 Sweetwater Oak Dr. W
Jacksonville, FL 32223

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

The name and Florida street address of the registered agent are:
Oswald Anglin, MGR.
11524 Sweetwater Oak Dr. W
Jacksonville, FL 32223

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.

Oswald Anglin/ Registered Agent — Date: 8/16/04

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGR.	Oswald Anglin 11524 Sweetwater Oak Dr. W Jacksonville, FL 32223

H04000167137 3

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 16 day of August, 2004.

Oswald Anglin, 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.)

FILED
2004 AUG 16 A 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HD4000167137 3