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Florida Department of State

Division of Corporations Public Access System

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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

Clifford & Myers, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L NAME:

The name of the Limited Liability Company is: Clifford & Myers, LLC

ARTICLE II. ADDRESS:

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

6820 Edmonds Lane Jacksonville, FL 32222

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

The name and Florida street address of the registered agent are: Michael T. Clifford, MGR. 6820 Edmonds Lane
Jacksonville, FL 32222

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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Michael T. Clifford Registered Agent

10-1809

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: Michael T. Clifford 6820 Edmonds Lane Jacksonville, FL 32222

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MGRM

James O. Myers . 6880 S Old Middleburg Road Jacksonville, FL 32222

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be October 18, 2004.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF,	the undersigned member(s)	has executed these Articles of
Organization, this 18	day of Oc7	2004.

Michael T. Clifford, Member

James D. Myers, 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.)

SECRETARY OF STATE