Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : T20010000215

Phone : (904)777-1533

Fax Number : (904)777-1717

RECEIVED 4 OCT 26 AM II: 58 //Sign of corporation

LIMITED LIABILITY COMPANY

Mason Reese, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Mason Reese, LLC

ARTICLE II. ADDRESS:

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

2390 Kirkwall Street Orange Park, FL 32065

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

The name and Florida street address of the registered agent are: Alan Phillips, MGR. 2390 Kirkwall Street Orange Park, FL 32065

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 registery. Ingent as provided the Complete 60s. Florida Substate:

Alan Phillips/ Registered Agen

10.26-04

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

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

Title: MGR. Name and Address: Alan Phillips 2390 Kirkwall Street Orange Park, FL 32065

HOUDDODDINGS 3

REQUIRED SIGNATURE:

Alan Phillips, 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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