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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

: (904)777-1717

Fax Number

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Xentar Technical Services, LLC

LIMITED LIABILITY COMPANY

Certificate of Status	1.
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu.

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L NAME:

AGENT'S SIGNATURE:

The name of the Limited Liability Company is: Xentar Technical Services, LLC

ARTICLE II. ADDRESS:			
The mailing address and street address of the principal office of the Limited Liabill	ty Com	pany	is:
4915 Baymeadows Road, Unit 12-G Jacksonville, FL 32217	MASSEE	OCT 29	7
	2	*	
ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGIS	FERE	D	

The name and Florida street address of the registered agent are: Derek Sullivan, MGR.
4915 Baymeadows Road, Unit 12-G
Jacksonville, FL 32217

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.

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registered saint as prophaga for sectionaries out hours to	10/29/04
Dark Sullivan/ Registered Agent	10 / 29 / 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:
Derek Sullivan
4915 Baymeadows Road, Unit 12-G
Jacksonville, FL 32217

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REQUIRED SIGNATURE:

Derek Sullivan, Member

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Organiza						
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