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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

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

Account Number : 120010006215 Phone : (904)777-1533

Fax Number : (904)777-1717

LIMITED LIABILITY COMPANY

Russell's, LLC

Certificate of Status	1
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J. BRYAN NOV - 9 2004

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE L. NAME:

The name of the Limited Liability Company is: Russell's, LLC

### ARTICLE II. ADDRESS:

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

5350 Arlington Expwy #1404 Jacksonville, FL 32211

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

The name and Florida street address of the registered agent are: Jason Russell, MGR.
5350 Ariington Expwy #1404
Jacksonville, FL 32211

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 Statute.

Janon Russell/ Registered Agent

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: Jason Russell 5350 Arlington Expwy #1404 Jacksonville, FL 32211 E POIRECECOUPLIE

## REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this \_\_\_\_\_\_\_\_, 2004.

Jison Russell, 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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DIVALIENCE CORPORATION
TAIL AHASSEE, FLORIDA