Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name Account Number : I20010000215

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

: (904)777-1533

Phone

Fax Number

Newell & Associates, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Newell & Associates, LLC

ARTICLE II. ADDRESS:

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

5698 Wolf Creek Drive Jacksonville, FL 32222

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

The name and Florida street address of the registered agent are: Claudia Newell, MGR. 5698 Wolf Creek Drive 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 obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Claudia Newell/ 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: Claudia Newell 5698 Wolf Creek Drive Jacksonville, FL 32222

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be November 19, 2004.

REQUIRED SIGNATURE:

Claudia Newell, 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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