### 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 : I20010000215

Phone

: (904)777-1533

Fax Number

: (904)777-1717

### LIMITED LIABILITY COMPANY

DWP, LLC

Certificate of Status	1
Certified Copy	0
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: DWP, LLC

#### ARTICLE II. ADDRESS:

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

4304 Charleston Lane Jacksonville, FL 32210

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

The name and Florida street address of the registered agent are: Dustin Phillips, MGR. 4304 Charleston Lane Jacksonville, FL 32210

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.

Dustin Phillips/ Registered Agent Dute

#### 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:
Dustin Phillips
4304 Charleston Lane
Jacksonville, FL 32210

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#### REQUIRED SIGNATURE:

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

Ductin Philities, Momber

(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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