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To:

Division of Corporations

Fax Number

: (850)205-0383

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

Account Number : I20010000215 ; (904)777~1533 Fax Number : (904)777-1717

### LIMITED LIABILITY COMPANY

Billys Flooring, LLC

Certificate of Status	1
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED POR 12: 39

SACLARIAS EST FLORIDA

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: Billys Flooring, LLC

#### ARTICLE II. ADDRESS:

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

229 W River Road Palatka, PL 32177

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

The name and Florida street address of the registered agent are: William Jarrett, MGR.
229 W River Road
Palatka, FL 32177

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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

William Jarrett/Registered Agent

12-06-04 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: William Jarrett 229 W River Road Palatka, FL 32177

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#### ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be December 6, 2004.

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IN WITNESS WHEREC	)F, the undersig	gned memi	ber(s) has executed	these Articles of
Organization, this Dac	day of	6	, 2004,	

William Jarrett, 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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