

L050000010214Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000024362 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

A Way With Mildew, LLC

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

FILED
2004 JAN 31 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/01/05

Electronic Filing Menu

Corporate Filing

Public Access Help

01/28/05

30

H05000024362 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**ARTICLE I. NAME:**

The name of the Limited Liability Company is: A Way With Mildew, LLC

ARTICLE II. ADDRESS:

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

374 Sweetbrier Branch Way
Jacksonville, FL 32256

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

The name and Florida street address of the registered agent are:
Tim Erickson, MGR.
374 Sweetbrier Branch Way
Jacksonville, FL 32256

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 603, Florida Statutes.


Tim Erickson/ Registered Agent

1/28/05
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:
Tim Erickson
374 Sweetbrier Branch Way
Jacksonville, FL 32256

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 JAN 31 PM 12:56

FILED

H05000024362 3

EFFECTIVE DATE
01/28/05

H05000024362 5

MGRM


Amber Greene
11750 Loretto Woods Court
Jacksonville, FL 32223

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be January 28, 2005.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 28 day of JANUARY, 2005.



Tim Erickson, Member



Amber Greene, 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.)

FILED

2004 JAN 31 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000024362 3