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Division of Corporations

Fax Number : (850)205-0383

From:

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

Account Number : 120010000215 Phone : (904)777-1533 : (904)777-1717 Fax Number

LIMITED LIABILITY COMPANY

S And T Properties, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: S And T Properties, LLC

ARTICLE IL ADDRESS:

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

1955 CR 210 W Jacksonville, FL 32259

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

The name and Florida street address of the registered agent are Glen C. Smith 1955 CR 210 W Jacksonville, FL 32259

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 out agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to be propertional complete performance of my posture and I am familiar with and accept the obligations of my posture are registered agent as providing for my hapter 608. Florida Statutes.

Glen C. Smith: Registered Agent

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: Glen C. Smith 1955 CR 210 W Jacksonville, FL 32259

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MGRM

Robert A. Thomas 100 Pond View Court Jacksonville, FL 32259

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be January 27, 2005.

REQUIRED SIGNATURE:

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

Glen'C. Smith, Member

Robert A. Thomas, 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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SECRETARY OF STATE