Page 1 of 1

Florida Department of State Division of Corporations

Public Access System

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Division of Corporations

Fax Number : (850)205-0393

From:

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

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

LIMITED LIABILITY COMPANY

Mae, LLC

Certificate of Status	1
Certified Copy	O O
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: MAC, LLC.

ARTICLE II. ADDRESS:

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

282 Noel Road Orange Park, FL 32073

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

The name and Florida street address of the registered agent are Johnny C. McGehee, MGR. 282 Noel Road Orange Park, FL 32073

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 required agency of my position for the property of the property of the property of the obligations of the property of the property of the obligations of the property of the obligation of th

oboy C. McGeheet Registered Agent

2-2-05 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: Johnny C. McGehee 282 Noel Road Orange Park, FL 32073

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REQUIRED SIGNATURE:

(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

SECRETARY STATE

SECRETARY TO SERVE

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