

### Florida Department of State Division of Corporations Public Access System

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Division of Corporations

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

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

## LIMITED LIABILITY COMPANY

KMJ Cable, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: KMJ Cable, LLC

#### ARTICLE IL ADDRESS:

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

12553 Blue Lagoon Trail Jacksonville, FL 32225

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

The name and Florida street address of the registered agent are: Joseph Whitman, MGR. 12553 Blue Lagoon Trail Jacksonville, FL 32225

Having been named as registered agent and to accept service of process for the above stated houted traitibly company at the place of designated in this certificate, I hereby accept the appointment as registered agent and ogree 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.

Registered Agent

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: Joseph Whitman 12553 Blue Lagoon Trail Jacksonville, FL 32225

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Tit<u>le:</u> MGRM

Name and Address: Mark Whitman 12553 Blue Lagoon Trail Jacksonville, FL 32225

#### REQUIRED SIGNATURE:

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

(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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