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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

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

Account Number : I20010000215 : (904)777-1533 Phone

Fax Number : (904)777-1717

### LIMITED LIABILITY COMPANY

Frailey, LLC

Certificate of Status	1
Certifled Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: Frailey, LLC

#### ARTICLE II. ADDRESS:

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

11248 Mcallister Blvd Jacksonville, FL 32218

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

The name and Florida street address of the registered agent are: Julius R. Frailey, MGR. 11248 Meallister Blvd Jacksonville, FL 32218

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 dittes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Jalius R. Fralley/ Registered Agent

x 03/03/05

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: Julius R. Frailey 11248 Meallister Blvd Jacksonville, FL 32218

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### REQUIRED SIGNATURE:

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