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To:

Division of Corporations

Fax Number

: (850)205-0383

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

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

: (9041777-1717 Fax Number

TED LIABILITY COMPANY

Joseph Knight, LLC

| Certificate of Status | |
|-----------------------|----------|
| Certified Copy | U |
| Page Count | 01 |
| Estimated Charge | \$130,00 |

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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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I, NAME:

The name of the Limited Liability Company is: Joseph Knight, LLC

ARTICLE II. ADDRESS:

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

9997 Hogan Street Jacksonville, FL 32218

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

The name and Florida street address of the registered agent are: Joseph Knight, MGR. 9997 Hogan Street 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 faither 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.

Joseph Kuthur Degistered Agent

X 3/9/05

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Tirle: MGR. Name and Address
Joseph Knight
9997 Hogan Street
Jacksonville, FL 32218

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