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To:

Division of Corporations

Fax Number

: (850)205-0383

03 23 05

From:

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

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

LIMITED LIABILITY COMPANY

CONTROL OF THE CONTRO

JVH Residential, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIN

ARTICLE I. NAME:

The name of the Limited Liability Company is: JVH Residential, LLC

ARTICLE II. ADDRESS:

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

1500 Spring Street Green Cove Springs, FL 32043

03/23/05

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

The name and Florida street address of the registered agent are: James Stanford, MGR.
1500 Spring Street
Green Cove Springs, FL 32043

Having been named as registered agent and to accept service of process for the above stated limited hability 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 registered agent as provided for in Chapter 608, Florida Statutes.

James Stanford/ Registered Agent

Z3 MALCH 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: James Stanford 1500 Spring Street Green Cove Springs, FL 32043 H050000 71799 3

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be March 23, 2005.

REQUIRED SIGNATURE:

James Stanford, 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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