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Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Phone : (904) 777-1533

Fax Number : (904) 777-1717

LIMITED LIABILITY COMPANY

A. D. M. Enterprises, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

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CLERK OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I. NAME:**

The name of the Limited Liability Company is: **A. D. M. Enterprises, LLC**

ARTICLE II. ADDRESS:

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

3156 Moody Avenue
Orange Park, FL 32065

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

The name and Florida street address of the registered agent are:

Michael W. McSpadden, MGR.
3156 Moody Avenue
Orange Park, FL 32065

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 registered agent as provided for in Chapter 608, Florida Statutes.



4/12/05

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:
Michael W. McSpadden
3156 Moody Avenue
Orange Park, FL 32065

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of
Organization, this 12 day of April, 2005.


Michael W. McSpadden, 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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