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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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

ABU, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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T. Brumbley MAY 5 2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **ABU, LLC**

ARTICLE II. ADDRESS:

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

4235 Devore Place
Jacksonville, FL. 32210

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

The name and Florida street address of the registered agent are:
Ahmad Abu Ghanam, MGR.
4235 Devore Place
Jacksonville, FL. 32210

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.

X _____ X 5-04-05
Ahmad Abu Ghanam/ 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:	Name and Address:
MGR.	Ahmad Abu Ghanam 4235 Devore Place Jacksonville, FL 32210

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REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 4th day of May, 2005.

Ahmad Abu Ghannam, 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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