

W05000053654

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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

Gerald Preston Home Maintenance &amp; Repairs, LLC

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

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5-27-05



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 31, 2005

A.B.S. OF JACKSONVILLE, INC.

SUBJECT: GERALD PRESTON HOME MAINTENANCE & REPAIRS, LLC  
REF: W05000026778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tammi Cline  
Document Specialist

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANYARTICLE I. NAME:

The name of the Limited Liability Company is: **Gerald Preston Home Maintenance  
& Repairs, LLC**

ARTICLE II. ADDRESS:

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

Mailing Address  
PO Box 275  
Reddick, FL 32686

Street Address  
15411 NW 41st Terrace  
Reddick, FL 32686

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

The name and Florida street address of the registered agent are:  
Gerald Preston, MGR.  
15411 NW 41st Terrace  
Reddick, FL 32686

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.

  
Gerald Preston/ Registered Agent

5/27/05  
Date

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**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:  
Gerald Preston  
PO Box 275  
Reddick, FL 32686

**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be May 27, 2005.

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 27 day of MAY, 2005.

  
Gerald Preston, 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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