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DATE: 06-24-05

NAME: ABILITY APPROVED, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$125

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ACCOUNT: FCA000000015

AUTHORIZATION:

ABBIE/PAUL NO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Li	mited Liability Compan	ny is:			
Ability Approved Pav	ing LLC		<u> </u>		
ARTICLE II - Ad The mailing addres		the principal office of the Lin	nited Liability Co	mpany is:	
Principal Office Address:		Molling Address:			
4311 Okecchobee Blvd. # 14		4311 Okeechobee Blvd. #14			
West Palm Beach, FL 33409		West Palm Beach, FL	33409		
	Florida street address o Lisa Sonoli 4311 Okeechob	Name ee Blvd. #14	UN 24 PM 5: 18 RETARY OF STATE AHASSEE, FLORIC		
		rest address (P.O. Box <u>NOT</u> accept	abio) >		
	West Palm Bea	state, and Zip			
liability compa registered agent a statutos relating	ed as registered agent a my at the place designal nd agree to act in this a to the proper and comp	ind to accept service of process led in this certificate, I hereby a apacity. I further agree to com lete performance of my dutics, as registered agent as provided	accept the appoint aply with the prov. and I am familia	tment as Isions of all rwith and	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Momber(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member Lisa Sondini MGRM 4611 Okeechobee Blvd # 14 West Palm Beach, FL 33409 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Foon:

i. }

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
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