

**L05000068223**

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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : 120010000215  
Phone : (904)777-1533  
Fax Number : (904)777-1717

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

T Edgerton, LLC

Certificate of Status	1
Certified Copy	0
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I. NAME:**

The name of the Limited Liability Company is: T Edgerton, LLC

**ARTICLE II. ADDRESS:**

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

1415 9th Street N.  
Jacksonville Beach, FL 32250

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

The name and Florida street address of the registered agent are:  
Todd Edgerton, MGR.  
1415 9th Street N.  
Jacksonville Beach, FL 32250

*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.*

  
Todd Edgerton/ Registered Agent

  
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:  
Todd Edgerton  
1415 9th Street N.  
Jacksonville Beach, FL 32250

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REQUIRED SIGNATURE:

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

  
Todd Edgerton, 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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