Florida Department of State
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

JUL 19 AM 11: 45 SION OF CURPURATION

Account Name : A.B.S. OF JACKSONVILLE, INC. Account Number : I20010000215
Phone : (904)777-1533

Fax Number : (904)777-1717

LIMITED LIABILITY COMPANY

3 J M Technologies, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: 3 J M Technologies, LLC

ARTICLE II. ADDRESS:

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

8618 Longfurd Drive Jacksonville, FL 32244

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

The name and Florida street address of the registered agent are: Jose M. Castillo, MGR. 8618 Longfurd Drive Jacksonville, FL 32244

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 heroby accept the appointment of it. 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 incrept the obligations of my position as registered agent as provided for in Chapter 608, Florida Stanti $\mathbf{S}_{\mathbf{z}}$





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. Jose M. Castillo 8618 Longford Drive Jacksonville, FL 32244

H05000173509

REQUIRED SIGNATURE:

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

Jose M. Castilla , 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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SECRETARISSEE, FLORIBA

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