

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : I20010000215

Phone

: (904)777-1533

Fax Number

: (904)777-1717

LIMITED LIABILITY COMPANY

Alexander, LLC

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

ARTICLE I. NAME:

The name of the Limited Liability Company is: Alexander, LLC

ARTICLE IL ADDRESS:

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

2299 S Dolphin Avenue Middleburg, FL 32068

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

The name and Florida street address of the registered agent are: James Alexander, MGR. 2299 S Dalphia Avenue Middleburg, FL 32068

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

James Alexander Registered Augus

C 7/20/05

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.
James Alexander
2299 S Dolphin Avenue
Middleburg, FL 32068

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REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 20 day c of ________, 2005 .

constitutes an affirmation under penalties of perjury that the facts stated herein are true)

(in accordance with section 608,408(3), Florida Statutes, the execution of this document

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