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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(((H05000176685 3)))

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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

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Jones, LLC

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H05000176685 3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUL 22 A 10: 24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I. NAME:

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

ARTICLE II. ADDRESS:

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

510 W. Galvez Lane #301 St Augustine, FL 32095

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

The name and Florida street address of the registered agent are: Gary E. Jones, MGR. 510 W. Galvez Lane #301 St Augustine, FL 32095

I 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.

[Signature] Gary E. Jones/ Registered Agent

X 07/22/05 Date

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: Gary E. Jones 510 W. Galvez Lane #301 St Augustine, FL 32095

H05000176685 3

H05000176685 3

FILED

2005 JUL 22 A 10: 24

REQUIRED SIGNATURE:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of
Organization, this 22nd day of JULY, 2005.

Gary E Jones
Gary E Jones, 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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