L05000076186

AUG-03-05 10:35 AM A.B.S. OF JACKSONVILLE 9047771717 P.01

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000185451 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED
05 AUG -3 AM 11:08
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Freedom Works, LLC

Certificate of Status	1
Certified Copy	0
Page Count	~~01~~ 3
Estimated Charge	$130.00

05 AUG -3 A 8:56

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifyer	DCC
Acknowledgement	DCC
P. Verifyer	DCC

Electronic Filing Menu Corporate Filing Public Access Help

H05000185451 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Freedom Works, LLC**

ARTICLE II. ADDRESS:

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

8447 Lake Marietta Drive South
Jacksonville, FL 32220

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

The name and Florida street address of the registered agent are:
David Walizer, MGR.
8447 Lake Marietta Drive South
Jacksonville, FL 32220

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.

X _____ X 2 August 2005
David Walizer, Registered Agent — Date

FILED
05 AUG -3 A 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGR.	David Walizer 8447 Lake Marietta Drive South Jacksonville, FL 32220

H05000185451 3

H05000185451 3

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 2 day of August, 2005

I David Walker, Attorney

(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.)

H05000185451 3

FILED
2005 AUG -3 A 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA