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Division of Corporations

Fax Number : (850)205-0383

Account Name

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

TACCOUNT Number: I20010000215

Phone: (904)777-1533

Fax Number: (904)777-1717

LIMITED LIABILITY COMPANY

Brekon Waul, LLC

Certificate of Status	11
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8/3/2005

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Brekon Waul, LLC

ARTICLE II. ADDRESS:

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

380 Filmore Drive Jacksonville, FL 32225

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

The name and Florida street address of the registered agent are: Joshua Hutson, MGR.
380 Filmore Drive
Jacksonville, FL 32225

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.

Joshua flutson/Registered Agent

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: Joshua Hutson 380 Filmore Drive Jacksonville, FL 32225

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REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this _____ day of ______, 20___.

Joshus Hutson, Meniber

(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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