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To:

Division of Corporations

Fax Number

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From:

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

Account Number : I20010000215 : (904)777-1533 Phone

Fax Number

: (904)777-1717

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LIMITED LIABILITY COMPANY

David Donnelly, 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: David Donnelly, LLC

ARTICLE II. ADDRESS:

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

8238 Noroad Jacksonville, FL 32210

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

The name and Florida street address of the registered agent are: David Donnelly, MGR.
8238 Noroad
Jacksonville, FL 32210

Having been named as registered agent and to accept service of process for the above stated limited of 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 the 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.

David Donnelly/ Registered Agent

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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: , David Donnelly 8238 Noroad Jacksonville, FL 32210

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be August 8, 2005.

REQUIRED SIGNATURE:

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

David Domelly 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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SECRETARY OF STATE
ANALYSEE OF LODIE

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