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: (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

Geebers, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130,00

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4 Thomas SEP = 7 (903)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

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

ARTICLE II. ADDRESS:

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

3903 Equestrian Street Middleburg, FL 32068

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

The name and Florida street address of the registered agent are: Garrett Cross, MGR. 3903 Equestrian Street Middleburg, FL 32068

Having been named as registered agent and to accept service of process for the above stated in this certificate, I hereby accept the appointment as considered 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.

Garrett Cross/Registered Agent 8 29 05

Date