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To:

Division of Corporations

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From:

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

Account Number : I20010000215 Phone : (904)777-1533 Fax Number : (904)777-1717 \$ECRETARY OF STATE ALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

William Shannon Contracting, LLC

Certificate of Status	<u> </u>
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE L NAME:

The name of the Limited Liability Company is: William Shannon Contracting, LLC

ARTICLE II. ADDRESS:

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

5338 Jacaranda Avenue Middleburg, FL 32068

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

The name and Florida street address of the registered agent are: William Shannon, MGR.
5338 Jacaranda Avenue
Middleburg, FL 32068

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 the statutes relating to the proper and complete performance of my duties, and I am familiar with and feept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

William Shunon/ Registered Agent

¥ 9-9-05

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: William Shannon 5338 Jacaranda Avenue Middleburg, FL 32068

REQUIRED SIGNATURE:

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

William Shannon, Mamber

(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 fine.)

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