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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

LIMITED LIABILITY COMPANY
MNJ, LLC

Certificate of Status	1
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H05000224250 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**ARTICLE I. NAME:**

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

ARTICLE II. ADDRESS:

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

5170 Collins Road
Jacksonville, FL 32244**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

The name and Florida street address of the registered agent are:

Angel Gonzalez, MGR.
5170 Collins Road
Jacksonville, FL 32244

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 Angel Gonzalez
Angel Gonzalez, Registered Agent

x 9/21/05
Date

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H05000224250 3

H05000224250 3

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.	Angel Gonzalez
	5170 Collins Road
	Jacksonville, FL 32244

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 21 day of SEPT, 2005.


Angel Gonzalez, 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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H05000224250 3