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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

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

Account Number : 120010000215 Phone : (904)777-1533 Fax Number : (904)777-1717

LIMITED LIABILITY COMPANY

APA Services, LLC

Certificate of Status	1
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JAPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: APA Services, LLC

ARTICLE II. ADDRESS:

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

589 William Penn Street Orange Park, FL 32073

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

The name and Florida street address of the registered agent are: Raul Apa, MGR. 589 William Penn Street Orange Park, FL 32073

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.

Raul Apid Registered Agent

0xt 5,2005

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ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) an	d address(es)	of each	Manager	or Mar	naging N	1ember i	s as	follows:

Title: Name and Address:

MGR. Raul Apa
589 William Penn Street
Orange Park, FL 32073

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this ______ day of _______ 2005

(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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