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Division of Corporations

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

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

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LIMITED LIABILITY COMPANY

Youngblood Enterprises, 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: Youngblood Enterprise, LLC

#### ARTICLE IL ADDRESS:

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

5086 Grannys Place Keystone Heights, FL 32656

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

The name and Florida street address of the registered agent are: Shannon Youngblood, MGR. 5086 Grannys Place
Keystone Heights, FL 32656

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

Shannon Voungblood/ Registered Agent

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ANTICLE IV. WANAGER	(S) OK MANAGING MEMBER(S):
The name(s) and address(es) of	of each Manager or Managing Member is as follows:
Title:	Name and Address: Shannon Youngblood 5086 Grannys Place Keystone Heights, FL 32656
REQUIRED SIGNATURE: IN WITNESS WHEREOF, the Organization, this	e undersigned member(s) has executed these Articles of ay of OC+, 2005.
Shannon Youngblood, Member	<del></del>

(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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