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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

T.N.T. Restoration, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY LIABILITY COMPANY LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: T.N.T. Restoration, LLC

#### ARTICLE II. ADDRESS:

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

3242 Dale Hurst Drive West Jacksonville, FL 32277

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

The name and Florida street address of the registered agent are: Thomas E. Mills, MGR.
3242 Dale Hurst Drive West
Jacksonville, FL 32277

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.

Thomas E. Mills/ Registered Agent

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: Thomas E. Mills 3242 Dale Hurst Drive West Jacksonville, FL 32277

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#### ARTICLE V. EFFECTIVE DATE

FILED

The effective date of this document shall be October 13, 1005.

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REQUIRED SIGNATURE:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Thomas E. Mills, 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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