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To:

Division of Corporations

Fax Number

: (850)205-0383

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

Account Number : 120010000215

(904) 777-1533

Phone

Fax Number

(904) 777-1717

## LIMITED LIABILITY COMPANY

About Home, LLC

Certificate of Status	1
Certified Copy	0
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M. HODGES

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE L NAME:

The name of the Limited Liability Company is: About Home, LLC

#### ARTICLE II. ADDRESS:

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

2736 Robinette Drive 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: Gregory G. Burden, MGR. 2736 Robinette Drive 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.

## 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: Gregory G. Burden 2736 Robinette Drive Orange Park, FL 32073

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### REQUIRED SIGNATURE:

(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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