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Florida Department of State  
Division of Corporations  
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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

DIVISION OF CORPORATIONS

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**LIMITED LIABILITY COMPANY**

Construction Renovations, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Thomas** NOV - 8 2005

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANYARTICLE I. NAME:

The name of the Limited Liability Company is: Construction Renovations, LLC

ARTICLE II. ADDRESS:


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

Mailing Address  
5620 Collins Road #203  
Jacksonville, FL 32244Street Address  
3864 Pearl Street N.  
Jacksonville, FL 32206ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:

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

James L. Harris, MGR.  
5620 Collins Road #203  
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.*

  
James L. Harris/ Registered AgentNOV-7-2005  
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**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:  
James L. Harris  
5620 Collins Road #203  
Jacksonville, FL 32244**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be November 7, 2005.

**REQUIRED SIGNATURE:**IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles  
Organization, this 7 day of NOV, 2005.  
James L. Harris, MemberSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(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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