

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

North Florida House Menders, 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: **North Florida House Menders, I.L.C**

ARTICLE II. ADDRESS:

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

1123 Cactus Cut Road
Middleburg, FL 32068

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

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

Mitchell Bulmer, MGR.
1123 Cactus Cut Road
Middleburg, FL 32068

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.


Mitchell Bulmer/ Registered Agent

2/14/06
Date

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TALLAHASSEE, FLORIDA

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:
Mitchell Bulmer
1123 Cactus Cut Road
Middleburg, FL 32068

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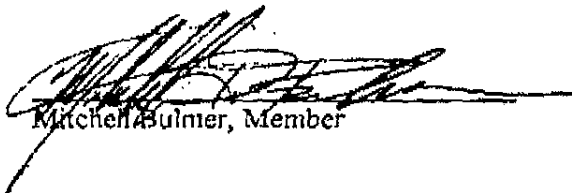
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ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be .

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 14 day of FEB, 2006.


Mitchell Bulmer, 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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