

Division of Corporations Public Access System

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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Caribbean Living, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Caribbean Living, LLC

ARTICLE II, ADDRESS:

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

502 Clermont Avenue S. 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: Luis Franceschi III, MGR. 502 Clermont Avenue S. 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.

Luis Francoschi III, Mumber

Morch 1, 2000 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: Luis Franceschi III 502 Clermont Avenue S. Orange Park, FL 32073 FILED

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REQUIRED SIGNATURE:

Lys Francoschi III

(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.)