

Electronic Filing Cover Sheet

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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 C

Julianne, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Julianne, LLC

ARTICLE II. ADDRESS:

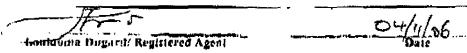
The mailing address and street address of the principal office of the Limited Liability Company is:

7350 Blanding Blvd #80 Jacksonville, FL 32244

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

The name and Florida street address of the registered agent are: Louidoma Dugard, MGR. 7350 Blanding Blvd #80 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 stander relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations 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:	Name and	Address:
MGR.	Louidoma	a Dugard
	7350 Blar	nding Blvd #80
	Jacksonvi	lle. FL 32244

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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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