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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 : 120010000215
Phone : (904)777-1533
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

CB Payers, LLC

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H06000155579 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **CB Pavers, LLC**

ARTICLE II. ADDRESS:

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

10221 Elmhurst Drive
Jacksonville, FL 32218

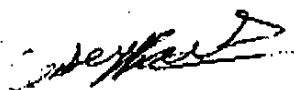
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ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

Casey Barnes
10221 Elmhurst Drive
Jacksonville, FL 32218

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.


Casey Barnes/ Registered Agent

6-9-06

Date

EFFECTIVE DATE
6-9-06

H06000155579 3

H06000155579 3

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:

Casey Barnes

10221 Elmhurst Drive

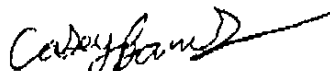
Jacksonville, FL 32218

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be June 9, 2006.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 7 day of June, 2006.



Casey Barnes, 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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