Florida Department of State Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000196733 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : I20010000215 : (904)777-1533 Phone : (904)777-1717 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hodacraft, LLC

Certificate of Status Certified Copy Û 01 Page Count Estimated Charge \$130.00

Cer Cer Pag Esti

Corporate Filing Menu

Help

HOUDO0196733 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

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



ARTICLE II. ADDRESS:

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

7470 Hawks Cliff Drive Jacksonville, FL 32222

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

The name and Florida street address of the registered agent are: Dale B. Hodapp 7470 Hawks Cliff Drive Jacksonville, FL 32222

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 dits 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.

Dale B. Hodapp/Registered Agent

8-4-6

SECRETARY OF STATE DIVISION OF CORPORATIONS

HOW OOM 196733 J

H06000 196733 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: Dale B. Hodapp 7470 Hawks Cliff Drive Jacksonville, FL 32222

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be August 4, 2006.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 44h day of Fugust 2006.

Dale B. Hodapp, 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.)

OS ALIG -L AM IOX 37