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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.

Rocco's, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: **Rocco's, LLC**

ARTICLE II. ADDRESS:

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

500 S. Chaffee Road
Jacksonville, FL 32221

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

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

Rocco Seppy
500 S. Chaffee Road
Jacksonville, FL 32221

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 605, Florida Statutes.


Rocco Seppy/ Registered Agent

Aug 21 2006
Date

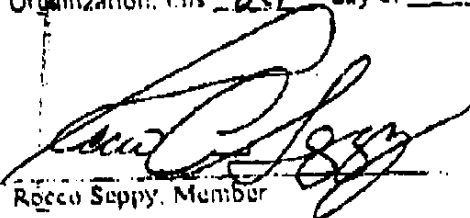
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ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:
MGR.Name and Address:
Rocco Seppy
500 S. Chaffee Road
Jacksonville, FL 32221**REQUIRED SIGNATURE:**IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of
Organization, this 21 day of 2006, 2006
Rocco Seppy, 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.)FILED
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