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ABS OF JACKSONVILLE

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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

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Eddie Davis, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I. NAME:

The name of the Limited Liability Company is: **Eddie Davis, LLC**

## ARTICLE II. ADDRESS:

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

4948 Railroad Street  
Elkton, FL 32033

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

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

Eddie Davis  
4948 Railroad Street  
Elkton, FL 32033

*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.*

  
Eddie Davis/ Registered Agent

9/1/06

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.

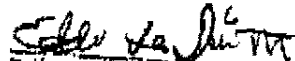
Name and Address:  
Eddie Davis  
4948 Railroad Street  
Elkton, FL 32033

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of  
Organization, this 15<sup>th</sup> day of September, 2006.

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Eddie Davis, 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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