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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : JEFFREY M. JACOBS, C.P.A., P.A.

Account Number : 110516003447 Phone : (904)260-0483 Fax Number : (904)260-0348

ORIDA/FOREIGN LIMITED LIABILITY CO.

ABN Home Specialists LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

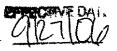
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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I

The name of the Limited Liability Company is:

ABN Home Specialists, LLC

Effective Date: September 27, 2006

ARTICLE II

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

725 Dewberry Drive

Jacksonville, Florida 32259

The mailing address of the Limited Liability Company is:

725 Dewberry Drive

Jacksonville, Florida 32259

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV

The name and Florida address of the registered agent is:

Joshua McKenzie 725 Dewberry Drive Jacksonville, Florida 32259

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this

> Jeffrey M. Jacobs, CPA, P.A. One San Jose Place Suite 25 Jacksonville, FL 32257 (904) 260-0483

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capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent.

Registered Agent Signature:



The name and address of managing members/managers are:

Title: MGRM
Joshua McKenzie
725 Dewberry Drive
Jacksonville, Florida 32259

Signature of member or an authorized representative of a member.

Signature:

Joshua McKenzie

Date

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

<u>Joshua McKenzie</u>
Type or printed name of signee

OR SEP 27 AMIL: 21