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To:

Division of Corporations

Fax Number : (850)205-0383

From:

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

Account Number : I20010000215

Phone

: (904)777-1533

Fax Number

: (904)777-1717

### ORIDA/FOREIGN LIMITED LIABILITY CO.

#### Doxey Cable Install, LLC

Certificate of Status	l
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I. NAME:**

The name of the Limited Liability Company is: Doxey Cable Install, LLC

#### ARTICLE II. ADDRESS:

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

1807 Jefferson Road Jacksonville, FL 32246

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

The name and Florida street address of the registered agent are: Wade D. Doxey 1807 Jefferson Road Jacksonville, FL 32246

Having been named as registered agent and to accept service of process for the above stated limited hability 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.

Wade D. Dorey/ Registered Agent

10/6/06 \_\_\_\_

#### 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: Wade D. Doxey 1807 Jefferson Road Jacksonville, FL 32246

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Arther of Organization, this 10th day of 10th 10th 12th 2006.

FILED

(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.)