

Electronic Filing Cover Sheet

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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.

Charles M. Wilcox, LLC

Certificate of Status	ı
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Electronic Filing Menu

Corporate Filing Menu

Help

H07000049946 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Charles M. Wilcox, LLC

ARTICLE II. ADDRESS:

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

8955 9th Avenue Jacksonville, FL 32208 Da 23 07

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

The name and Florida street address of the registered agent are: Charles M. Wilcox 8955 9th Avenue Jacksonville, FL 32208

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.

Charles M. Wilcox/ Registered Agent

7-23-01

Date

H07000049946 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: Charles M. Wilcox 8955 9th Avenue Jacksonville, FL 32208

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be February 23, 2007.

REQUIRED SIGNATURE:

Charles M. Wilcox, 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.)

HC7000047946 3