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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : 120010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Yellow Fin, LLC**

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME:

The name of the Limited Liability Company is: **Yellow Fin, LLC**

### ARTICLE II. ADDRESS:

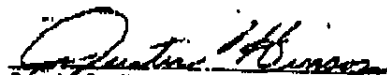
The mailing address and street address of the principal office of the Limited Liability Company is:

8420 Concord East  
Jacksonville, FL 32208

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

The name and Florida street address of the registered agent are:  
Justin D. Hinson  
8420 Concord East  
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.*

  
Justin D. Hinson, Registered Agent

5-21-07

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:  
Justin D. Hinson  
8420 Concord East  
Jacksonville, FL 32208

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 21 day of May, 2007.

  
Justin D. Hinson, 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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