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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.

### Makin' Memories, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE 1. NAME:

The name of the Limited Liability Company is: Makin' Memories, LLC

#### ARTICLE IL ADDRESS:

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

8590 Commonwealth Avenue Jacksonville, FL 32220

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

The name and Florida street address of the registered agent are: Gina Fowler 8590 Commonwealth Avenue Jacksonville, FL 32220

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Gina Fowler/ Registered Agent

6-12-07

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:

Gina Fowler

8590 Commonwealth Avenue

Jacksonville, FL 32220

### ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be June 12, 2007.

### REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this \_\_\_\_\_\_\_\_, 2007.

Gina Fowler, 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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