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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Lee Cable, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANYARTICLE I. NAME:

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

ARTICLE II. ADDRESS:

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

7916 Gavelston Avenue
Jacksonville, FL 32211

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

The name and Florida street address of the registered agent are:

Ronnie Polke
7916 Gavelston Avenue
Jacksonville, FL 32211

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.

X Ronnie A. Polke
Ronnie Polke/ Registered Agent

11-8-07
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:
Ronnie Polke
7916 Gavelston Avenue
Jacksonville, FL 32211

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 9 day of Nov, 2007.

X Ronnie Polke
Ronnie Polke, Manager

(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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