

**LO800000914**

Florida Department of State  
Division of Corporations  
Public Access System  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000001300 3)))



H080000013003ABCM

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : I20010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

**FILED**  
08 JAN -3 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Floor Master of Jax, LLC**

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

**D. BRUCE**

JAN 03 2008

**EXAMINER**

**RECEIVED**  
08 JAN -3 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

EFFECTIVE DATE 1-03-08

HO8000001300

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY

**ARTICLE I. NAME:**

The name of the Limited Liability Company is: **Floor Master of Jax, LLC**

**ARTICLE II. ADDRESS:**

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

8734 Nussenbaum Street  
Jacksonville, FL 32210

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

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

John Jackson  
8734 Nussenbaum Street  
Jacksonville, FL 32210

*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.*

  
John Jackson / Registered Agent

1-3-08  
Date

EFFECTIVE DATE 1-03-08

HO8000001300 3

FILED  
08 JAN -3 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HO 8 000 00 1300 5

**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:  
John Jackson  
8734 Nussenbaum Street  
Jacksonville, FL 32210

**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be January 3, 2008.

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of  
Organization, this 3 day of JAN 2008.

  
John Jackson, Member

FILED  
08 JAN -3 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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.)

HO 8 000 00 1300 3