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Florida Department of State
Division of Corporations
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L. SELLERS

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

AUG - 6 2008

EXAMINER

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

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

S&B Wilkinson Services, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I. NAME:**

The name of the Limited Liability Company is: **S&B Wilkinson Services, LLC**

ARTICLE II. ADDRESS:

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

Street Address:
11865 County Road 13 N
St Augustine, FL 32092

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

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

Lucille Susan Wilkinson
11865 County Road 13 N
St Augustine, FL 32092

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

Lucille Susan Wilkinson
Lucille Susan Wilkinson/ Registered Agent

August 4, 2008
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:	Name and Address:
MGR.	Lucille Susan Wilkinson 11865 County Road 13 N St Augustine, FL 32092

Title:	Name and Address:
MGMR.	Bryant Lee Wilkinson 11865 County Road 13 N St Augustine, FL 32092

MGMR.	Dennis M. Mclear PO Box 166 Elkton, FL 32033
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ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be August 4, 2008.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 4 day of August, 2008

Lucille Susan Wilkinson
Lucille Susan Wilkinson, Member

Bryant Lee Wilkinson
Bryant Lee Wilkinson, Member

Dennis M. Mclear
Dennis M. Mclear, 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)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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