

**L09000006578**

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 : I20010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Inventory Tracking Systems, LLC**

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

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JAN 22 2009

**EXAMINER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 21 AM 8:18



January 21, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ABS OF JACKSONVILLE INC

SUBJECT: INVENTORY TRACKING SYSTEMS, LLC  
REF: W09000002856

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must have a Florida street address. A post office box is not acceptable.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H09000013295  
Letter Number: 409A00002093

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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:

Inventory Tracking Systems, LLC

ARTICLE II. ADDRESS:

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

Mailing Address:

PO Box 54221

Jacksonville, FL 32245

Street Address:

11246 Alumni Way

Jacksonville, FL 32246

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

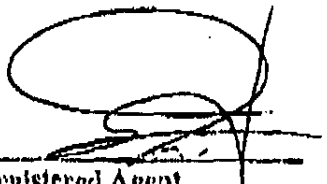
The name and Florida street address of the registered agent are:

Shad Hedy

11246 Alumni Way

Jacksonville, FL 32246

*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.*



Shad Hedy/ Registered Agent

1/20/2009

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.

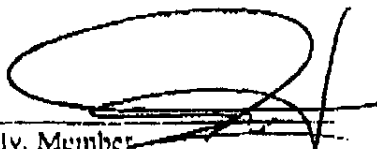
Name and Address:  
Shad Hedy  
13633 Queens Harbor Blvd N.  
Jacksonville, FL 32225

**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be January 20, 2009.

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 20th day of January, 2009.

  
Shad Hedy, 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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