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2009 MAY 29 AM II: 04 SECRETARY OF STATE TALL AHASSEE, FLORID

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T. CLINE
JUN - 1 2009
EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	CCT: Absolute Management Company, LLC Name of Limited Liabilly Company
The end	closed Articles of Organization and fee(s) are submitted for filling.
Please	return all correspondence concerning this matter to the following:
-	Brian R Voung
-	Absolute Management Company LLC
u	794 Washburn Road
-	Malbourne Florida 3293 FT Parallel City/State and Zip Code City/State and Zip Code Jehs Carbon & hot mail combride E-mail address: (to be used for future annual report molification)
For furt	her information concerning this matter, please call:
Dabores	Name of Person at (32) 288-703 Area Code & Daytime Telephone Number
	ed is a check for the following amount: 00 Filing Fee \$\sum \$\sum \text{\$\sum \text{\$\sin \sin \text{\$\sin
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Talkhassee, FL 32314 Context Courier Address Registration Section Division of Corporations Clifton Building Context Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Absolute Manage	ment Company LLC
(Must end with the words "Limited J iabili	ly Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
794 Washburn Rd	794 Washburn Ral 3
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the response of the	Houng

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place 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, F.S.

Register d'Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

		Name and Address:	
"MGR" = Manag			
MGR	M	Brian R. Young 5500 Wallough Dr. Melbourne, #138934	
MGR	 -	Amy L Young 5500 Helloughby Or	
MGR		Deborah S. Crugaran 191 Carmelity Averal Palm Bay, Fl 329087	en e
		palm bay, FI 3270ER	4
	_	<u> </u>	
(Use attachment	if necessary)	DOT OF	
LE V: Effective	date, if other than the date of the date must be speciate of filing.)		
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LE V: Effective ffective date is list days after the days	date, if other than the date of ted, the date must be speciate of filing.) GNATURE: Signature of a member or an (In accordance with section 60 of this document constitutes a that the facts stated herein are	of filing: (OPTIONAL) ific and cannot be more than five business days p authorized representative of a member. 8.408(3), Florida Statutes, the execution of a firmation under the penalties of perjury true.)	
LE V: Effective ffective date is list days after the days	date, if other than the date of ted, the date must be speciate of filing.) GNATURE: Signature of a member or an (In accordance with section 60 of this document constitutes a that the facts stated herein are	of filing: (OPTIONAL) ific and cannot be more than five business days p authorized representative of a member. 18.408(3), Florida Statutes, the execution in affirmation under the penalties of periury	

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)