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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

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

DRISPP, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: DRISPP, LLC

ARTICLE II. ADDRESS:

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

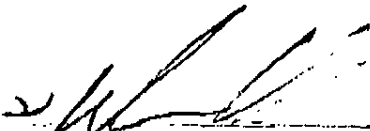
540 Wakemont Drive
Orange Park, FL 32065

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

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

David Revuelta
540 Wakemont Drive
Orange Park, FL 32065

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.


David Revuelta/ Registered Agent

 Sept 28 2007
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:

David Revuelta

540 Wakemont Drive

Orange Park, FL 32065

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be September 28, 2009.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 28 day of Sept, 2009.



David Revuelta, 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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