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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 : 120010000215
Phone : (904) 777-1533
Fax Number : (904) 777-1717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Hutch-N-Sonz Paint Team, LLC

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

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10 JAN -4 AM 8:15
SECRETARY OF STATE
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J. BRYAN

JAN -5 2009

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANYFILED
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TALLAHASSEE, FLORIDAARTICLE I. NAME:

The name of the Limited Liability Company is: Hutch-N-Sonz Paint Team, LLC

ARTICLE II. ADDRESS:

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

4208 Devore Place
Jacksonville, FL 32210ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Wendell Hutchinson
4208 Devore Place
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.

Wendell Hutchinson
Wendell Hutchinson/ Registered Agent

1.4.2010
Date

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