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To:

Division of Corporations

Fax Number : (850) 61.7-6383

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

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

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

Email Address:

FLORIDA LIMITED LIABILITY CO. Groover Underground, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Groover Underground, LLC

ARTICLE II. ADDRESS:

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

1265 Kellum Road Middleburg, FL 32068

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

The name and Florida street address of the registered agent are: Corv Groover 1265 Kellum Road Middleburg, FL 32068

Having been named as registered agent and to accept service of process for the above stated limited William Community of the place of decimal to the service of process for the above stated limited William Community of the place of decimal to the service of process for the above stated limited William Community of the place of decimal to the service of process for the above stated limited William Community of the place of the service of process for the above stated limited William Community of the place of the service of process for the above stated limited William Community of the place of the service of process for the above stated limited William Community of the place of the place of the service of process for the above stated limited William Community of the place of the 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.

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.

Cory Groover 1265 Kellum Road Middleburg, FL 32068

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be October 12, 2010.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this ________, 2010.

Cory Groover, 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.)