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To:

Division of Corporations

Fax Number : (850)205-8383

From:

Account Name : MICHAEL A. PYLE, P.A.

Account Number: 120000000053

Phone: (386)615-9007

Fax Number: (386)676-2615

LIMITED LIABILITY COMPANY

ABM ENGINEERING, LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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ARTICLES OF ORGANIZATION

ABM ENGINEERING, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby executes the following Articles of Organization.

ARTICLE I NAME

The name of the Limited Liability Company is ABM ENGINEERING, LLC.

ARTICLE II ADDRESS

The street address and the mailing address of the principal office of the Company is 1516 N. Beach Street, Ormond Beach, Florida 32174, and P.O. Box 731544, Ormond Beach Florida 32173.

ARTICLE III REGISTERED OFFICE AND AGENT

The name and Florida street address of the registered agent is Magdy Attia, 1516 N. Beach Street, Ormond Beach, Florida 32174.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this _____ day of October, 2003.

> MAGDY ATTIA Authorized Representative

My Commission Expires

STATE OF FLORIDA COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this ______day of October, 2003, by MAGDY ATTIA who Sis personally known to me, or 🗆 who presented a Florida drivers license or 🗅 a ______ drivers license or \square _____, as identification. wy Commission CCB77232 Michael A Pyle (Printed Name)

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

MAGDY ATTIA, Registered Agent

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