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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ROOFLIFTERS USA, LLC

Certificate of Status	0
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FAX AUDIT # 4090001252873

**ARTICLES OF ORGANIZATION
OF
ROOFLIFTERS USA, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **ROOFLIFTERS USA, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
5901 SW 74th Street, Suite 400, Miami, Florida 33143.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Mason Harris, 5901 SW 74th Street, Suite 400, Miami, Florida 33143. Located in the County of Miami-Dade.


ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Mason Harris, 5901 SW 74th Street, Suite 400, Miami, Florida 33143
Marty Shift, 4362 Chesswood Drive, Toronto, M3J 2B9 Canada


Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative
Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,
WI 53717
(608) 827-5300

Date: May 19, 2009

FAX AUDIT # 4090001252873

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **ROOFLIFTERS USA, LLC**

The name and address of the registered agent and office is Mason Harris, 5901 SW 74th Street, Suite
400, Miami, Florida 33143. Located in the County of Miami-Dade.

Having been named as registered agent and to accept service of process for the above stated
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.

Signature:

Mason Harris

Date: 5.19.09

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