Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H00000067272 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)922-4003

: FOLEY & LARDNER Account Name Account Number : 072720000061

: (904)359-2000 Phone

: (904)359-8700 Fax Number

AL 1

LIMITED LIABILITY COMPANY

CHARTWELL INDUSTRIES, LLC

Certificate of Status	00
Certified Copy	11
Page Count	01
Estimated Charge	\$155.00

FAX ANDIT NO.: H00000067272 -

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARTWELL INDUSTRIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 569 EDGEWOOD AVENUE, SOUTH, JACKSONVILLE, FLORIDA 32205.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

D,W. MCARTHUR, III

Name

569 EDGEWOOD AVENUE, SOUTH Plorida street address (P.O. Box NOT acceptable)

FL 32205 JACKSONVILLE_ City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability 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 completed performance of may duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 698, E.S.

D. W. MCARTHUR, III

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

hist he added if an effective dage is requested) (An additional article

Signature of a member or an anthorized representative of a member

(In accordance with section 608.408(3), Florida Stantes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

> T. SEFTON, AUTHORIZED SIGNATORY Typed or printed name of signee

FILING FEES: \$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)

FAX AUDIT NO.: H00000067272