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.

(((H01000103871 9)))

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)205-0383

From:

Account Name : LAWTECH, P.A.
Account Number : 119990000138
Phone : (904)358-8800
Fax Number : (904)358-8870

FALI

01 OCT -2 M111:40

LIMITED LIABILITY COMPANY

HAMMOCK INSPECTIONS, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	M 4
Estimated Charge	\$130.00

Facsimile Audit Number: H01000103871 9

ARTICLES OF ORGANIZATION OF HAMMOCK INSPECTIONS, L.L.C

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statues, as the same may from time to time be amended.

ARTICLE I

Name

The name of the limited liability company (the "Company") is:

HAMMOCK INSPECTIONS, L.L.C

ARTICLE II

<u>Address</u>

The initial mailing address and street address of the principal office of the Company is 573 Willow Walk Place, St. Augustine, Florida 32086.

ARTICLE III

Registered Agent

The name and street address of the initial registered agent of the Company are:

David N. Hammock 573 Willow Walk Place, St. St. Augustine, Florida 32086 SECRETARY UF STATE TALLAHASSEE, FLORIDA

. 3

No.9148 P. 3/4

Oct. 1. 2001 1:58PM

Facsimile Audit Number: H01000103871 9

ARTICLE IV Management

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

David N. Hammock

SECRETARY OF STATE TALLAHASSEE, FLORIDA

. 4

Oc4- 1 - 2001 | 1:58PM

No.9148 P. 4/4

Facsimile Audit Number: H01000103871 9

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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 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.

David N. Hammock

SECRETARY OF STATE TALLAHASSEE, FLORIDA