Division of Convocations

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Florida Department of State

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

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To:

Division of Corporations Fex Number : (550)205-0383

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Account Name : PARCORP RESERVED. AD. Account Number : 719990000011 Phone : (877)603-283; Fax Number : (707)276-3538

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LIMITED LIABILITY COMPANY

QUALITY TOWER INSTALLATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00
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Fax Audit No. (((H02000028832 2)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

QUALITY TOWER INSTALLATIONS, LLC

Pursuant to s. 608,407, Florida Statutes.

ARTICLE 1 - Name:

The name of the Limited Liability Company is.

QUALITY TOWER INSTALLATIONS, LLC

ARTICLE II - Address:

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

5629 BUCK WARD ROAD, BAKER, FL 32531

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

The name of the Florida street address of the registered agent are.

RODNEY L. EDWARDS

Name

5629 BUCK WARD ROAD

Florida street address (P.O. Box NOT ACCEPTABLE)

BAKER, FL 32531

City, State and Zip

Howing 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 608. It N.

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

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

Signature of a member or authorized representative of a member

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info:

Pascorp Services, kitd M Davidi Li Sudas

934/RV2575th 1500-61A.816 PISVES 17. BECKEN WELL BUILDUBGS //P(BAO) 7803:2638:48

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SECRETARY OF STATE TALLAHASSEE, I'LORID! Fax Audit No. (((H 02000028832 2)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 The name of the limited liability company is.

QUALITY TOWER INSTALLATIONS, LLC

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

Name:
134116
5629 BUCK WARD ROAD
orida street address (P.O. Box NOT ACCEPTABL
BAKER, FL 32531

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, F.S.

Registered Agent RODNEY L. EDWARDS

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