

CORP DIRECT AGENTS INC. (formerly CCA)  
103 N. MERIDIAN STREET  
TALLAHASSEE, FL 32301  
222-1173

102000008981

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: CINDY HICKS

DATE: 4-16-02

REF. #: 0174. 6117

CORP. NAME: Fore-Site Constructors, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 APR 16 AM 11:04

FILED

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  | <input type="checkbox"/> UCC-3                        |
| <input type="checkbox"/> OTHER:                      |   |   |

200005281832---3  
-04/16/02--01024--005  
\*\*\*\*155.00 \*\*\*\*155.00

STATE FEES PREPAID WITH CHECK# 2595 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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02 APR 16 AM 10:14

Name	
Availability	
Document	
PLEASE RETURN:	
Udaler	
<input checked="" type="checkbox"/> CERTIFIED COPY	
Udaler	
<input type="checkbox"/> CERTIFICATE OF STATUS	
Acknowledgement	DCC
Examiner's Initials	
W. P. Verifier	DCC

COST LIMIT: \$

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
|--|---|---|

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# ARTICLES OF ORGANIZATION

FORE-SITE CONSTRUCTORS, L.L.C.,  
a Florida limited liability company

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name

FORE-SITE CONSTRUCTORS, L.L.C.

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

13041 Automobile Boulevard  
Clearwater, Florida 33762

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

David A. Kitenplon

12406 Windtree Boulevard  
Seminole, Florida 33772

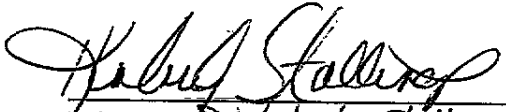
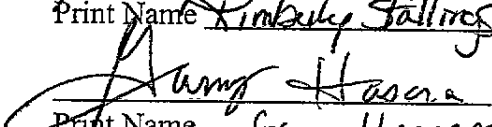
## ARTICLE IV MANAGEMENT AND POWERS

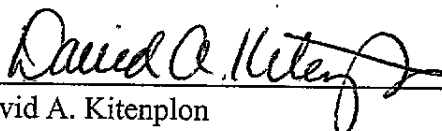
The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Limited Liability Company.

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TALLAHASSEE, FLORIDA

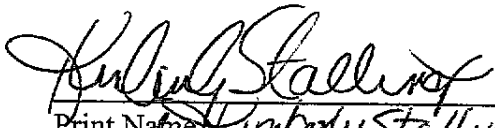
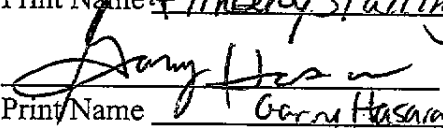
IN WITNESS WHEREOF, these Articles of Organization have been executed as of the  
15<sup>th</sup> day of April, 2002.


WITNESSES:

  
Print Name Kimberly Stallings  
  
Print Name Garry Hasara

  
David A. Kitenplon

WITNESSES:

  
Print Name Kimberly Stallings  
  
Print Name Garry Hasara

  
Lonnie T. Orns

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

"MANAGERS"

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the 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:

FORE-SITE CONSTRUCTORS, L.L.C.

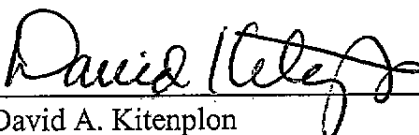
2. The name and the Florida street address of the registered agent are:

David A. Kitenplon  
12406 Windtree Boulevard  
Seminole, Florida 33772

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:

4-15-02

  
\_\_\_\_\_  
David A. Kitenplon

“REGISTERED AGENT”

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TALLAHASSEE, FLORIDA