

LD2000009093

Transmittal Letter

FILED
2002 APR 12 AM 9:53
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To: Secretary of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Fl. 32314

Re: Ceilpro, LLC

200005256582--5
-04/12/02--01027--005
****125.00 ****125.00

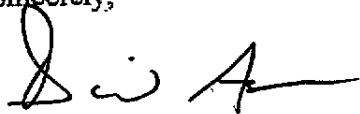
Enclosed is an original and 1 copies of articles of organization for the above referenced LLC along with a check for \$125.00 as follows:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent

Please send acknowledgement of receipt and/or date-stamped copy to:

David M Autrey
Ceilpro, LLC
13156 North Road
Loxahatchee, Fl. 33470

Sincerely,



David M Autrey

J. BRYAN APR 17 2002

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CEILPRO, LLC

ARTICLE II - Address:

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

13156 NORTH RD
LOXAHATCHEE, FL 33470

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

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

DAVID M AUTREY
Name
13156 NORTH RD
Florida street address (P.O. Box **NOT** acceptable)
LOXAHATCHEE, FL 33470
City, State, and Zip

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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..

David M Autrey
Registered Agent's Signature

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.

(An additional article must be added if an effective date is requested)

David M Autrey
Signature of a member or an 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 M AUTREY
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)