





ACCOUNT NO. : 072100000032

REFERENCE : 782535 7353791

AUTHORIZATION :

*Patricia Pagano*

COST LIMIT : \$ 125.00

ORDER DATE : October 15, 2002

ORDER TIME : 9:43 AM

ORDER NO. : 782535-001

CUSTOMER NO: 7353791

CUSTOMER: Mr. Robert Hagen  
Mr. Robert Hagen

915 Sw 1st Terrace

Cape Coral, FL 33991

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 OCT 24 PM 1:09

FILED

DOMESTIC FILING

NAME: RESPONSE RESOURCES, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Powell - EXT. 1155

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

RESPONSE RESOURCES, LLC

**ARTICLE II - Address:**

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

915 SW 1ST TERRACE, CAPE CORAL, FL 33991

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

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

Corporation Service Company  
 \_\_\_\_\_  
 Name

1201 Hays Street  
 \_\_\_\_\_  
 Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301  
 \_\_\_\_\_  
 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.*

Corporation Service Company

By: Deborah D Skipper  
Registered Agent's Signature

Deborah D. Skipper  
Asst. V. Pres.

**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)

Deborah D Skipper  
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.)

DEBORAH D. SKIPPER  
\_\_\_\_\_  
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)

Managing Member List  
Of  
Response Resources, LLC

Robert Hagen  
915 SW 1<sup>st</sup> Terrace  
Cape Coral, Florida 33991

Carlos Gonzalez  
915 SW 1<sup>st</sup> Terrace  
Cape Coral, Florida 33991

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LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of RESPONSE RESOURCES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this      day of

Robert Hager  
Signature

Robert Hager  
Print Name of Signer

WITNESS:  
C. [Signature]  
Signature

Carlos Gonzalez  
Print Name of Witness

WITNESS:  
Tom Mara  
Signature

Tom Mara  
Print Name of Witness

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TALLAHASSEE, FLORIDA

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