

W3000005089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

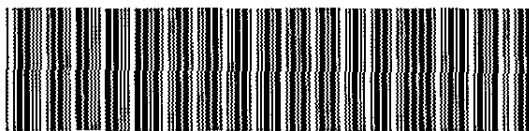
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ACCOUNT NO. : 072100000032

REFERENCE : 923936 7366970

AUTHORIZATION :

Patricia Pijuta

COST LIMIT : \$ 125.00

ORDER DATE : February 7, 2003

ORDER TIME : 2:17 PM

ORDER NO. : 923936-001

CUSTOMER NO: 7366970

CUSTOMER: Mr. Joseph R. Hinkson
Mr. Joseph R. Hinkson

1060 W. Pipeline Road
Suite 104
Ft. Worth, TX 76053

DOMESTIC FILING

NAME: REMEDIATION TECHNOLOGIES OF
FLORIDA 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: Sara Lea - EXT. 1156

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REMEDATION TECHNOLOGIES OF FLORIDA LLC

ARTICLE II - Address:

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

3566 NW 97TH BOULEVARD, SUITE 13, GAINESVILLE, FL 32606

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

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.

(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)

TALLAHASSEE, FLORIDA

03 FEB 10 PM 2:01

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REMEDATION TECHNOLOGIES OF FLORIDA LLC

MANAGING MEMBERS LIST

G. WADE HICKS
JOSEPH R. HINKSON
BRIAN J. CIZER

3566 NW 97TH BLVD, SUITE 13
GAINESVILLE, FL 32606

sxk

FEB. 07 03 (FRI) 05:24

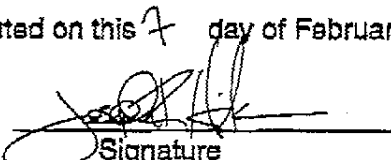
CSC TALL

P. 002

LIMITED POWER OF ATTORNEY

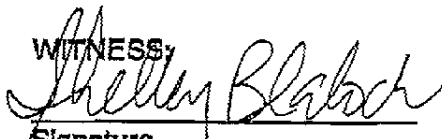
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of REMEDIATION TECHNOLOGIES OF FLORIDA 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 7 day of February, 2003.

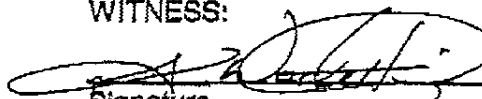

SignatureJOSEPH R. HINKSON

Print Name of Signer

WITNESS:


SignatureShelley Black
Print Name of Witness

WITNESS:


SignatureWade Hicks
Print Name of Witness