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FLORIDA BUSINESS FILINGS INFORMATION

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03 JUL 28 PM 1:39
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Gulf Coast Restoration Service, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

03-27563
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**ARTICLES OF ORGANIZATION
OF
Gulf Coast Restoration Service, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Gulf Coast Restoration Service, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 8070 Tauren Ct., Naples, Florida 34119-7716.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Gordon, 8070 Tauren Ct., Naples, Florida 34119. Located in the County of Collier.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2043.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company are:

Kevin White, 11360 Lake Cypress Loop, Fort Myers, Florida 33913.


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated

8025 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FAX AUDIT #

11030002419296

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Gulf Coast Restoration Service, LLC**

The name and address of the registered agent and office is Robert Gordon, 8070 Tauren Ct, Naples, Florida 34119. Located in the County of Collier.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Robert Gordon
Robert Gordon

Date: July 23, 2003

FAX AUDIT # 4030002419296