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Division of Corporations

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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850)385-6735  
Fax Number : (954)641-4192

LIMITED LIABILITY COMPANY

WOLVERINE PUMPS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION  
OF  
WOLVERINE PUMPS, LLC  
A Limited Liability Company  
Organized under the Laws of the State of Florida**

**ARTICLE 1 - NAME**

The name of the limited liability company is:

**WOLVERINE PUMPS, LLC**

**ARTICLE II - ADDRESS**

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

3671 Putter Point Lane  
Fort Myers, Florida 33919

**ARTICLE III - REGISTERED AGENT AND OFFICE**

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

Thomas Wanderon  
888 106<sup>th</sup> Avenue North  
Naples, Florida 34108

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.

  
THOMAS WANDERON, as Registered Agent

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.

  
Signature of a member or an authorized representative of a member.

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