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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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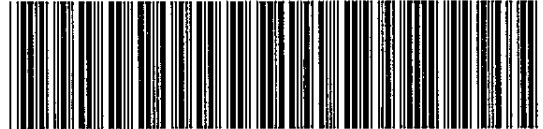
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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Handwritten signature

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rollins Supply LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara M. Rollins
(Name of Person)

Rollins Supply Company
(Firm/Company)

730 Rollins St.
(Address)

Tallahassee, Florida 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara M. Rollins at (850) 224-2276
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rollins Supply LLC

ARTICLE II - Address:

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

Principal Office Address:

730 Rollins St 32304

Tallahassee FL

Mailing Address:

P.O. Box 1801 32302

Tallahassee FL

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

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

Barbara M. Rollins

Name

730 Rollins St.

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32304

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..

Barbara M. Rollins

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>Thomas Rollins</u> <u>730 Rollins St.</u> <u>Tallahassee, FL 32304</u>
<u>MGRM</u>	<u>Barbara M. Rollins</u> <u>730 Rollins St.</u> <u>Tallahassee, FL 32304</u>
<u>MGRM</u>	<u>Reggie Black</u> <u>730 Rollins St.</u> <u>Tallahassee, FL 32304</u>
<u>MGRM</u>	<u>Cynthia Bradwell</u> <u>730 Rollins St.</u> <u>Tallahassee, FL 32304</u>

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Barbara M. Rollins
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.)

Barbara M. Rollins
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)