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Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : A.E.S. OF JACKSONVILLE, INC.

Account Number : I20010000215 Phone : (904)777~1533 Fax Number : (904)777~1717

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EFFECTIVE DATE

LIMITED LIABILITY COMPANY

Keith Elder Drywall, LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Keith Elder Drywall, LLC

ARTICLE IL ADDRESS:

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

5001 Licorice Court Middleburg, FL 32068

EFFECTIVE DATE

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Keith Elder, MGR. 5001 Licorice Court

5001 Licorice Court Middleburg, FL 32068

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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 508, Florida Statutes.

Keith Elder/ Registered Agent

Date

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ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title: MGR. Name and Address:

Keith Elder

5001 Licorice Court Middleburg, FL 32068

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03 DEC 12 AMIL: IU SECRETARY OF STATE TALL AHASSEF, FLORIDA H03000334525 3

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be January 1, 2004.

REQUIRED SIGNATURE:

Keith Elder, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE