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(Requestor's Name)					
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PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(20	Siness Entity (va.	ine)			
(Do	cument Number)	)			
Certified Copies	_ Certificate	s of Status			
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Special Instructions to Filing Officer:					





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SECRITARY OF STATE
TALLAIMSSEE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE: 378444

10063A

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: December 30, 2003

ORDER TIME : 1:0 PM

ORDER NO. : 378444-005

CUSTOMER NO: 10063A

CUSTOMER: Ms. Aprille Hall

C. Geoffrey Vining, Esquire

Suite 702

129 S. Kentucky

Lakeland, FL 33801

#### DOMESTIC FILING

NAME:

CENTRAL FLORIDA FABRICARE

SERVICES, LLC

#### EFFECTIVE DATE:

	ARTICLES	OF	INCORPORATION			
	CERTIFICA	TE	OF	LIMITED	PARTNERSHIP	
XX	ARTICLES	OF	ORG	CITAZINA	NC	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR CENTRAL FLORIDA FABRICARE SERVICES, LLC



#### ARTICLE I NAME

The name of the Limited Liability Company is CENTRAL FLORIDA FABRICARE SERVICES, LLC.

### ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1219 West Reynolds Street, Plant City, Florida 33563.

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

C. Geoffrey Vining 129 South Kentucky Avenuc, Suite 702 Lakeland, Florida 33801

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, Florida Statutes.

. Geoffrey/Vining

Registered Agent

### ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

**MGRM** 

Teena Reeves Jarrard 3349 Saint Vincent Terrace Lakeland, FL 33813

Teena Reeves Jarrard

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.)