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p. 1

Florida Department of State  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 674-3313  
Fax Number : (305) 675-2811

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LIMITED LIABILITY COMPANY

D & L LATHE AND STUCCO LLC

Certificate of Status	0
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3p

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FROM : Campbell Therapy Service Inc. PHONE NO. : 4079522692

Jan. 19 2004 07:30AM P4

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**  
In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

**D & L LATHE AND STUCCO LLC**

**ARTICLE II ADDRESS**

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

**960 BEACON STREET**

**PALM BAY, FLORIDA 32907**

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

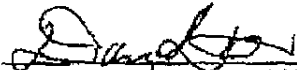
The name and the Florida street address of the registered agent are:

**DANNY LANCASTER**

**960 BEACON STREET**

**PALM BAY, FLORIDA 32907**

Having been named as registered agent 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..



Registered Agent's Signature - DANNY LANCASTER

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one OR MORE MANAGERS and is, therefore a, **MANAGER MANAGED COMPANY.**

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Jan 19 04 11:33a A1A

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P.3  
H040000124253

PAGE 2 D & L LATHE AND STUCCO LLC

ARTICLE V MANAGERS (optional)

Manager:

DANNY LANCASTER

980 BEACON STREET

PALM BAY, FLORIDA 32907



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.

DANNY LANCASTER

Typed or printed name of signer

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Jan. 19 2004 07:28AM P2

FROM : Campbell Therapy Service Inc. PHONE NO. : 40795522692

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