

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247

: (305)674-3313

Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

Vance H. Drawdy, Cntrn., LLC

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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:

Vance H. Drawdy, Cntrn., LLC

ARTICLE II: Address

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

6137 Eastfield Tr.

Tallahassee, Florida 32317

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

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

Vance H. Drawdy

6137 Eastfield Tr.

Tallahassee, Florida 32317

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.

Variant Onely -

Vance H. Drawdy / Registered Agent's Signature

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ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER

Vance H. Drawdy

6137 Eastfield Tr.

Tallahassee, Florida 32317

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.)

Vance H. Drawdy Typed or printed name of signee O4 APR -1 AHII: 08
SECRETARY OF STATE
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