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Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

mears backflow, llc

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ISION OF CERPORATION

J. BRYAN APR - 7 2004





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

MEARS BACKFLOW, LLC

ARTICLE I

The name of the Limited Liability Company shall: MEARS BACKFLOW, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1337 NW 126TH WAY, SUNRISE, FL 33323.

ARTICLE IV

The name and the Florida street address of the registered agent are: PATRICIA L. MEARS, 1337 NW 126TH WAY, SUNRISE, FL 33323.

ARTICLE V

The names of the Managing Members shall be:

PATRICIA L. MEARS

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Mean's BadoClow, LLC.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Patricia L. Mears

Registered Agent

member or an authorized representative of a member. Mean

(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.)

Patricia L. Mears
Typed or printed name of signee

as attorney on Patricia L.