L040000 40645

| (Requestors: May 24 P 1: 55 (Requestors: Mane Y OF STATE TALLAHASSEE, FLORIDA (Address) | 600037007586 | | |
|---|--|--|--|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | 0 5/24/0401045025 **125 . 00 | | |
| Special Instructions to Filing Officer: | | | |

Office Use Only

TRANSMITTAL LETTER

| | Registration Section Division of Corporations | | | FILED |
|-----------|---|------------------------------|----------------|--|
| SUBJEC | T: Active Plumbing | | | FILED 2004 MAY 24 P 1: 55 |
| | | lame of Limited Liability C | ompany) | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| The enck | osed Articles of Organization | and fee(s) are submitted for | filing. | Adine |
| | Please return a | Il correspondence concerni | ng this matter | r to the following: |
| | Melissa Hababou | | | |
| | | (Name of Perso | on) | |
| | | | | |
| | | (Firm/Compan | y) | |
| 2 | 1300 San Simeon Way # Q | 5 | | |
| | | (Address) | | |
| | North Miami Beach | FI,33179 | | |
| | | (City/State and Zip | Code) | |
| For furth | er information concerning this | matter, please call: | | |
| Melissa | Hababou | at (_786 | 486-3 | 3107 |
| | (Name of Person) | (Area | Code & Dayti | me Telephone Number) |

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION **FOR**

FILED

FLORIDA LIMITED LIABILITY COMPANY ZOOU HAY 24 P 1: 55

| ARTICLE I - Name: The name of the Limited Liability Company is: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
|--|---|
| Active Plumbing LLC | |
| ARTICLE II - Address: The mailing address and street address of the principal control of the pri | ipal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 3600 South State Road 7 | 3600 South State Road 7 |
| Miramar, FI 33023 | Miramar, FI 33023 |
| | |
| ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Melissa Hababau Name 21300 San Simeon Way # Q5 | stered agent are: |
| Florida street address (P.O. Bo | ox NOT acceptable) |
| North Miami Beach, City, State, and | FLORIDA , 33179 Zip |
| Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar we registered agent as provided for in Chap | accept the appointment as registered agent and |

Page 1 of 2 (CONTINUED)

FILED

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: | 2004 MAY 24 | P 1:55 |
|--|--|----------------------------|---------------------|
| "MGR" = Manager "MGRM" = Managing Member | | SECRETARY I TALLAHASSEE | OF STATE FLORIDA |
| Manager | Melissa Hababou | | |
| | 21300 San Simeon Way # Q5 | | |
| | North Miami Beach,Fl,33179 | | ** |
| Manager | Michael Perez | | |
| | 25 Rue des Lilas | | |
| | 75019 Paris, France | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | • . |
| (Fine out of the out o | | | - |
| (Use attachment if necessary) | | | |
| | | | |
| NOTE: An additional article must be | e added if an effective date is i | requested. | |
| REQUIRED SIGNATURE: | | • | |
| Meso | LABOV | | |
| Signature of a member or an a | authorized representative of a mem | ber. | |
| | i.408(3), Florida Statutes, the execution affirmation under the penalties of perue.) | | |
| Typed or pr | HARABOU. | - - | |

Filing Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)