

OCT 15 2004 10:57 AM FOLEY & LARDNER

NO. 4077 Page 1 of 1

L04000074895

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

FILED  
2004 OCT 15 AM 9:39  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Note: Please print this page and use it as a cover sheet.**  
Type the fax audit number (shown below) on the top and bottom  
of all pages of the document.

((H04000206359 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser  
from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : FOLEY & LARDNER  
Account Number : 072720000061  
Phone : (904) 359-2000  
Fax Number : (904) 359-8700

0366 74/0106

Return to Carolyn

RECEIVED  
2004 OCT 15 AM 11:47  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**  
**ENVIROVAULT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

J. BRYAN OCT 18 2004

Fax Audit No.: H04000206359

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**The name of the Limited Liability Company is: **ENVIROVAULT LLC****ARTICLE II - Address:**The mailing address and street address of the principal office of the Limited Liability Company are:  
**9995 Gate Parkway North, Suite 200, Jacksonville, FL 32246.****ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

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


**DOUGLAS AIOSA**

Name

**9995 Gate Parkway North, Suite 200**Florida street address (P.O. Box **NOT**  
acceptable)**JACKSONVILLE, FL 32246**

City, State, and Zip

*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 completed 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.*

  
**DOUGLAS AIOSA**  
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.)

**DOUGLAS AIOSA, authorized representative**

Typed or printed name of signer

**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)

Fax Audit No.: H04000206359

REVISED 11/11/02

FILED  
2004 OCT 15 AM 9:39  
JACKSONVILLE CORPORATIONS  
TALLAHASSEE, FLORIDA