

L04000081222

Andrew L. Oberhoulser  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPT. OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV - 9 2004

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

HOOSIER RESTORATION SERVICES L.L.C.

### ARTICLE II - Address:

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

#### Principal Office Address:

640 Ave. "B" N.E. Suite A  
Winter Haven, FL 33881

#### Mailing Address:

640 Ave. "B" N.E. Suite A  
Winter Haven, FL 33881

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Gregory Wayne Jackson

Name

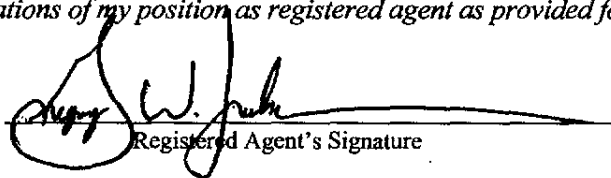
640 Ave. "B" N.E. Suite A

Florida street address (P.O. Box **NOT** acceptable)

Winter Haven, FL 33881 FL

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 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

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGR" M

Melinda G. Ross

401 Lake Martha Dr. N.E.

Winter Haven, FL 33881

"MGR" M

Andrew L. Oberhoulser

640 Ave. "B" N.E. Suite A

Winter Haven, FL 33881

"MGR" M

Charles W. Ryan

553 Gentry St.

Frankfort, IN 46041

MGRM

Gregory Wayne Jackson

640 Ave. "B" N.E. Suite A

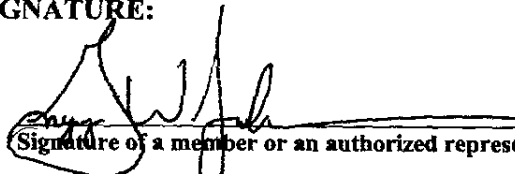
Winter Haven, FL 33881

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SECRETARY OF STATE

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
- \$ 30.00 Certified Copy (Optional)**
- \$ 5.00 Certificate of Status (Optional)**