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Florida Department of State
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DIVISION OF CORPORATION

To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

Anthony Recine Plumbing Ltd. Co

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

604-92041

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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:

ANTHONY RECINE PLUMBING LTD. CO.

ARTICLE II ADDRESS

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

3418 NIGHTHAWK COURT
PUNTA GORDA , FL 33950**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

STATE
TALLAHASSEE
FLORIDA

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A1A REGISTERED AGENT INC. / Registered Agent's Signature

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A1A#CORPORATE#SERVICES

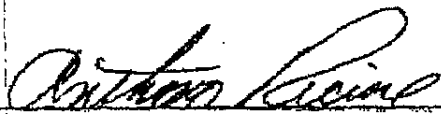
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ARTICLE IV MANAGEMENT

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



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.)

ANTHONY RECINE

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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