

**L05000010608**

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**To:**

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

**From:**

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

**LIMITED LIABILITY COMPANY**

**Morton Plant Specialists, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION  
MORTON PLANT SPECIALISTS, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **Morton Plant Specialists, LLC.**

**ARTICLE II – Address:**

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

2240 BELLEAIR ROAD  
225  
CLEARWATER, FL 34624

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 2nd day of February, 2005.

  
\_\_\_\_\_  
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.)

Paul R. Lynch  
\_\_\_\_\_  
Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Morton Plant Specialists, LLC.
2. The name and the Florida street address of the registered agent are:

NRAI Services, Inc.  
526 East Park Avenue  
Tallahassee, Florida 32301.

*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.*

Edward Hand, Asst Sec.  
Signature

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