

14 Apr 2005 15:18

A1A#CORPORATE#SERVICES

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Division of Corporations

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Florida Department of State  
Division of Corporations  
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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

**LIMITED LIABILITY COMPANY**

**MCCABE RESCREEN LLC**

Certificate of Status	0
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY, FLORIDA  
SECRETARY OF STATE

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:  
MCCABE RESCREEN LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:  
1614 S WARREN AVE  
LAKELAND, FLORIDA 33803

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE

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

BRUCE MCCABE  
1614 S WARREN AVE  
LAKELAND, FLORIDA 33803

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 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..

Bruce McCabe

BRUCE MCCABE Registered Agent's Signature

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ARTICLE IV MANAGEMENT

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ARTICLE V MEMBERS (optional)

Managing Member:

BRUCE MCCABE  
1614 S WARREN AVE  
LAKELAND, FLORIDA 33803

Managing Member:

DARELL MCCABE  
1614 S WARREN AVE  
LAKELAND, FLORIDA 33803

Managing Member:

CHAD SCHOFIELD  
302 WEST PARK ST  
LAKELAND, FLORIDA 33803

\*\*\*\*\*

Bruce McCabe

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.

BRUCE MCCABE  
Typed or printed name of signee

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