

17 May 2005 12:33  
Division of Corporations

A1A CORPORATE SERVICES

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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**

**John Edelmenn Services L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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5/17/2005 10:09 PAGE 001/001 Florida Dept of State

**FILED**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

2005 MAY 17 A 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

May 17, 2005

ALA CORPORATE SERVICES, INC.

SUBJECT: JOHN EDELMANN SERVICES L.L.C.  
REF: W05000024722

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
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DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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**FILED****ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY  
COMPANY**

2005 MAY 17 A 9:56

In compliance with Chapter 608, F.S.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

JOHN EDELMANN SERVICES L.L.C.

**ARTICLE II ADDRESS**

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

1351 BROKEN PINE ROAD  
DELTONA, FL 32725**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..



A1A REGISTERED AGENT INC. / Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

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

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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JOHN G. EDELMANN  
Managing Member: 1351 BROKEN PINE ROAD  
DELTONA, FLORIDA 32725



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.)

JOHN G. EDELMANN  
Typed or printed name of signee

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