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To: Division of Corporations Fax Number : (850)205-0383 From: Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : 120010000247 Phone : (800)494-3124 Fax Number : (305)675-2811 MUNDER : (305)675-2811 DRY-OUT RESTORATION, LLC Certificate of Status 0 Certificate of Status 0 C			
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

in compliance with Chapter 608, F.S.

ARTICLE | NAME

The name of the Limited Liability Company is: DRY-OUT RESTORATION, LLC

ARTICLE I ADDRESS

The malling address and street address of the principal office of the Limited Lability. Company is:

2314 NW 71ST ST

GAINESVILLE FL 32606-6381

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

HARRELL LYNN DYKES

2314 NW 715T ST

GAINESVILLE FL 32606-6381

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 bigations of my position as registered agent as provided for in Chapter 608, F.S.

HARRELL LYNN DYKESA Registered Agent's

ARTICLE IV MANAGEMENT

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

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DRY-OUT RESTORATION, LLC

ARTICLE V. MEMBERS (optionol) MANAGING MEMBER: HARRELL LYNN DYKES 2314 NW 71ST ST GAINESVILLE FL 32606-6381

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Signature of a member or an authorized representative of a (In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

HARRELL LYNN DYKES Typed or printed name of signee

