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SECRETARY OF STATE SHARSSEE, FLORIDA

# RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

1595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34952 (772) 335-5455 (772) 337-3485 FAX

June 15, 2005

State of Florida
Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: VABCO, L.L.C.

Dear Sir or Madam:

Enclosed herewith are an original and one copy of the Articles of Organization and acceptance by Registered Agent. Please file the original in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$125.00, which covers the filing fees, certified copy fees and the registered agent designation fees. Thank you for your cooperation in this matter.

Sincerely,

Tiffany N. Gonsalves, CL

Certified Legal Assistant

Enc.

#### ARTICLES OF ORGANIZATION

OF

#### VABCO, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608.407, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

#### **ARTICLE I - NAME**

The name of this limited liability company is VABCO, L.L.C.

#### **ARTICLE II - DURATION**

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

#### **ARTICLE III - ADDRESS**

The mailing address and street address of the principal office of the Company shall be 1633 SW Import Drive, Port St. Lucie, Florida 34953.

#### **ARTICLE IV - MANAGEMENT**

Management of the Company shall be reserved to the Members. The Managing Member shall be Vesta A. Bollinger. The Member(s) of the Company are as follows:

Vesta A. Bollinger 1633 SW Import Drive Port St. Lucie, FL 34953

# ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

#### **ARTICLE VI -SURVIVORSHIP**

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

#### ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

דורבט

## STATE OF FLORIDA **COUNTY OF ST. LUCIE**

BEFORE ME, a Notary Public	authorized to take acknowledgments	in the State and
County set forth above, personally app	eared Vesta A. Bollinger, who has pro	oduced
drivers license :	as identification or who is personally l	known to me and
who executed the foregoing Articles of executed the Articles of Organization.	Organization, and he acknowledged	before me that he
executed the Anticles of Organization.		

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, day of \_\_\_\_\_\_, 2005.

(SEAL)

Tiffany N. Gonsalves
MY COMMISSION # DD261185 EXPIRES November 7, 2007 BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public State of Florida at Large Printed Signature: Tiffany 1. Gonsalves My Commission No:

My Commission Expires: 11-7-07

### ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

RICKEY L. FARRELL Registered Agent

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and
County set forth above, personally appeared Rickey L. Farrell, who has produced
as identification or who is personally known to me and who
executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this \_\_\_\_\_\_\_, day of \_\_\_\_\_\_\_\_, 2005.

(SEAL)

Tiffany N. Gonsalves
MY COMMISSION # DD261185 EXPIRES
November 7, 2007
BONDED THRU TROY FAIN INSURANCE INC.

Notary Public State of Florida at Large

Printed Signature: Tiffany 1 Gonsalves

My Commission No:

My Commission Expires: 11-7-07

05 JUN 20 PM 2: 05 SECRETARY OF STATE