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to:		
	Division of Com	
	Fax Number	: (850)205-0383
From	:	
	Account Name	: A 1 A CORPORATE SERVICES, INC.
	Account Number	: 120010000247
	Phone	: (800)494-3124
		: (786)206-9053
	Fax Number	

LIMITED LIABILITY COMPANY

REKRAP COMPANY LLC

Certificate of Status	U
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

REKRAP COMPANY LLC

ARTICLE II ADDRESS

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

P.O. BOX 840072 SAINT AUGUSTINE FL 32080-0072

REGISTERED AGENT, REGISTERED OFFICE & REGISTERED ARTICLE III AGENT SIGNATURE

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

A1A REGISTERED AGENT INC. 92 SADBERRY ROAD 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 is to be managed by one or more managing members and is, therefore, a Member Managed Company.

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A1A#CORPORATE#SERVICES

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PAGE 2 REKRAP COMPANY LLC

ARTICLE V

The name(s), address(es), and title(s) of the directors and officers:

ERROL PARKER MANAGING MEMBER: P.O. BOX 840072 SAINT AUGUSTINE FL 32080-0072

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Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this \bigcirc document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ERROL PARKER Typed or printed name of signee

