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SECRETARY OF STATE
AND AND SEEL, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Contracting, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
David R. Hedstrom (Name of Person)	
QC Contracting LLC (Edm/Company)	
17631 Sterling Lake Dr (Address)	
Fort Myers FL 33912 (City/State and Zip Code)	
For further information concerning this matter, please call: David R Hedstrom at (239 825 - 677 258	
Enclosed is a check for the following amount:	O
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy}\$ (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ac Contracting, LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1763 Sterling Lake Dr. Fort Myers FC 33912	171631 Sterling Lake Dr Fort Myers PL 33912
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual fir and the r
The name and the Florida street address of the re	gistered agent are:
David R. Heds	trom Fe T
Name	
17631 Sterling 1 Florida street addr	ress (P.O. Box NOT acceptable)
Fort Myers City, State, at	FL 33912
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: OPTIONA (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: 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.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee