Division of Corporations Public Access System

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

Division of Corporations

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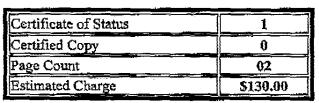
From:

Account Name : HUBCO

Account Number : 104662003400 : (516) 935-3940 Phone Fax Number : (516)935-3088

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Allcom Construction & Installation Services LLC



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## ARTICLES OF ORGANIZATION FOR

## FILED

FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name

ARTICLE I - Name The name of the Limited Liability Company is: Al	lcom Construction & Installation Service Dif C
ARTICLE II - Address The mailing address and street address of the principal control of the prin	SECRETARY OF STATE TALLAHASSEE, FLORIDA ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1348 Hillside Drive	1348 Hillside Drive
Tarpon Springs, FL 34689	Tarpon Springs, FL 34689
The name and Florida street address of the register	etered Office & Registered Agent's Signature and Agent are:
	Name
1348	3 Hillside Drive
<del></del>	(P.O. Box or Mail Drop Box NOT Acceptable)
Tarr	oon Springs, FL 34689
	(City / State / Zip)
at the place designated in this certificate, I here capacity. I further agree to comply with the pro	accept service of process for the above stated limited liability company by accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in
	Mull
Registered	Agent's Signature - John Muller

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(Use attachment if necessary)

**REQUIRED SIGNATURE:** 

Signature of a thember or 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 Muller

Typed or printed name of signee