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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 Z
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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:

UNIVERSAL WORKMANSHIP, LLC

<u>ARTICLE II</u> ADDRESS The street address of the principal office of the Limited Liability Company is:

12343 TRACY ANN RD JACKSONVILLE, FL 32223-2066

The mailing address of the Limited Liability Company is:

11250 OLD ST AUGUSTINE RD #15-152 JACKSONVILLE, FL 32257

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

LARRY LONG 11250 OLD ST AUGUSTINE RD #15-152 JACKSONVILLE, FL 32257

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

Y LONG LRegistered Agents Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a member-managed company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER: LARRY LONG 11250 OLD ST AUGUSTINE RD #15-152 JACKSONVILLE, FL 32257

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

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(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.

LARRY LONG Typed or printed name of signee р.Э

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