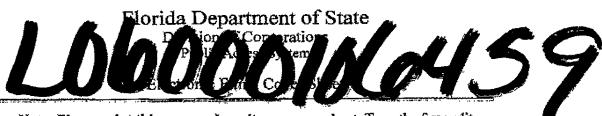
Box



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED NOV-1 PM 4:51 -. - Firewatch Contracting of Florida LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

į.		
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Pineral Contact of APP 11- VI C		
Firewatch Contracting of Florida LLC	10. 2. 4. 4. 4. 4. 4. 4. 4. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	
(Must end with the words "Limited Liability Company, "Limit	on Company of their above visition "LLL", of "LLC",	
ARTICLE II - Address:		
The mailing address and street address of the pr	rincipal office of the Limited Liability Company i	is:
•	•	
Principal Office Address:	Mailing Address:	
503 E. Jackson Street	same	
Suite 334		
Tampa, FL 33602		
	. 22	<u></u>
ARTICLE III - Registered Agent, Registered	d Office, & Registered Agent's Signature	.,:-,
(The Limited Liability Company cannot serve as its own Regis business emity with an active Florids registration.)		
•	90	
The name and the Florida street address of the	registered agent are:	4
. CT Corpora	tion System	عبد
Name		
, ************************************	The total t	:
1200 South Pin	**	(
Florida street ad	dress (P.O. Box NOT acceptable)	
Plantation, Fi	orida 33324	
City, State,	and Zip	
Having been named as registered agent and to	accept service of process for the above stated limit	evi
liability company at the place designated in	this certificate, I hereby accept the appointment as	
	ty. I further agree to comply with the provisions of	
	erformance of my duties, and I am familiar with an	
accept the obligations of my position as reg	istered agent as provided for in Chapter 608, F.S	
†·CTCopon	ition System	
وينبوا	Bux	
Registered Agent's Signa		
,		•
	•	

FLOST . 4 BELIS C'Y System Online

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" - Managing Member Christopher M. Valerian MGRM 503 E. Jackson Street, Suite 334 Tampa, FL 33602 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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.)

Dennis B. Angers Typed or printed name of signee

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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