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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO**M.A.D. INSTALLATIONS OF CENTRAL FLORIDA., LLC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.A.D. INSTALLATIONS OF CENTRAL FLORIDA, LLC.

ARTICLE II - Address:

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

Principle Office Address:

Mailing Address:

9100 SW 32ND TERR

9100 SW 32ND TERR

OCALA, FL. 34476

Ocala, FL 34476

ARTICLE III - Registered Office, & Registered Agent's Signature:

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

Mike Morrow

Name

9100 SW 32ND Terr.

Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL 34476

City, State, and Zip

Having been named as registered agent and to accept service of process for 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, Florida Statutes.


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Mike Morrow

9100 SW 32nd Terr.

Orlando, FL 32816

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Mike Morrow

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 penalties of perjury that the facts stated herein are true.)

Mike Morrow

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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