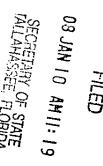
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Office Use Only

COVER LETTER

| | ration Section n of Corporations | |
|--------------------------|---|--|
| SUBJECT: | ORBIT LAB SUPPLY, LLC | |
| SUBJECT: | (Name of Limited Liability Company) | |
| The enclosed Art | ticles of Organization and fee(s) are submitted for filing. | |
| Please return all | correspondence concerning this matter to the following: | |
| | VERN DYKSTRA | |
| - | (Name of Person) | |
| | ORBIT LAB SUPPLY, LLC | |
| | (Firm/Company) | |
| | 2525 BETHLEHEM RD. | |
| <u> </u> | (Address) | |
| | PLANT CITY, FL. 33565 | .7. |
| - | (City/State and Zip Code) | 7 8 (L 8 (|
| For further inform | mation concerning this matter, please call: | 型 |
| · VE | RN DYKSTRA at (813) 727- (Name of Person) (Area Code & Daytime Telepho | - 200 |
| Enclosed is a cl | heck for the following amount: | 9 |
| □ \$125.00 Filing | Certificate of Status Certified Copy C (additional copy is enclosed) | 60.00 Filing Fee, certificate of Status & Certified Copy additional copy is enclosed) |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circ | le |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Com | pany is: | |
|---|---|---|
| | AB SUPPLY, LLC | |
| (Must end with the words "Lim | ited Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of | of the principal office of the Limited Liabi | lity Company is: |
| Principal Office Address: | Mailing Address: | |
| 2525 BETHLEHEM RD | P.O. BOX 5706 | |
| PLANT CITY, FL. 33565 | PLANT CITY, FL. 33563 | |
| The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address VERN 2525 BE Florida PLANT | gistered Office, & Registered Agent's Signature of the registered agent are: I DYKSTRA Name ETHLEHEM RD. street address (P.O. Box NOT acceptable) CITY, FL 33565 y, State, and Zip | ON JAN 10 AM 11: 19 SECRETARY OF STATE FLORIDA |
| Having been named as registered agent liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position | t and to accept service of process for the about the intension of this certificate, I hereby accept the configuration of the capacity. I further agree to comply with the applete performance of my duties, and I am for as registered agent as provided for in Chapatrics Signature (REQUIRED) | appointment as ne provisions of all familiar with and |

(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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|---|---|
| "MGRM" = Managing Member | |
| MGR | VERN DYKSTRA |
| | 2525 BETHLEHEM RD. |
| | PLANT CITY, FL. 33565 |
| MGRM | DARRY DYKSTRA |
| was a sign of the | 1905 N. MARYLAND AVE. |
| | PLANT CITY, FL. 33563 |
| MGRM | DUSTIN DYKSTRA |
| | 1907 N. MARYLAND AVE. |
| | PLANT CITY, FL. 33563 |
| | SECRETARY FALLAHASSER |
| | 5/5/S |
| | |
| (Use attachment if necessary) | OF STA |
| DI E M. Decention date if athematican the | date of filing: . (OPTIONAL) |
| CLE V: Effective date, if other than the | e specific and cannot be more than five business days prior |
| O days after the date of filing.) | e specific and cannot be more than five business days prid |
| days after the date of ming. | |
| REQUIRED SIGNATURE: | |
| REQUIRED SIGNATURE. | r an |
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| | '// ` |

VERN DYKSTRA

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

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