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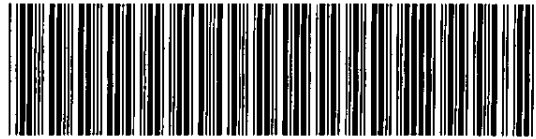
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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T Hampton JAN 29 2008

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Island Mechanical & Contracting, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Miklas, Esq.

(Name of Person)

Joe Miklas, P.A.

(Firm/Company)

P.O. Box 366

(Address)

Islamorada, FL 33036

(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Setchell

(Name of Person)

at (305) 852-7225

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION
OF

ISLAND MECHANICAL & CONTRACTING, LLC

ARTICLE I – Name: The name of the Limited Liability Company is
ISLAND MECHANICAL & CONTRACTING, LLC

ARTICLE II – Addresses: The mailing address of the Limited Liability
Company is: P.O. Box 1291, Tavernier, Florida 33070 and principal
office of the Limited Liability Company is: 131-2 Hood Avenue,
Tavernier, FL 33070.

ARTICLE III – Registered Agent, Registered Office & Registered Agent's
Signature: The name and Florida street address of the registered agent
are:

Michael A. Hamilton
131-2 Hood Avenue
Tavernier, FL 33070

*Having been named registered agent and 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..*


Registered Agent's Signature

ARTICLE IV – Managers or Managing Members: The name and address
of each Manager or Managing Member is as follows:

Michael A. Hamilton – Managing Member
P.O. Box 1291
Tavernier, FL 33070

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ARTICLE V – Members: The name and address of each Member is as follows:

Mike Hamilton
P.O. Box 1291
Tavernier, FL 33070


Roger George
P.O. Box 1291
Tavernier, FL 33070

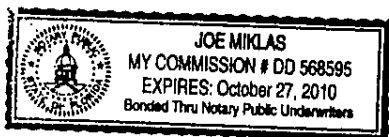
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes and affirmation under the penalties of perjury that the facts stated herein are true.


Michael A. Hamilton

STATE OF FLORIDA
COUNTY OF MONROE

The foregoing instrument was acknowledged before me this 12 day of January, 2008, by Michael A. Hamilton, who has produced Driver License as identification.


Notary Public



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