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From:

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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE

Account Number : 119990000006 : (407)425-7010

Fax Number : (407)425-2747 ., SELLERS

APR 1 5 2008

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MAXWEST-SANFORD, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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Electronic Filing Menu

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ARTICLES OF ORGANIZATION

OF

MAXWEST-SANFORD, LLC

A Florida Limited Liability Company

ARTICLE I NAME

The name of this limited liability company is "MAXWEST-SANFORD, LLC" (the "Company").

ARTICLE II MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is as follows:

1502 Augusta, Suite 120 Houston, TX 77057

ARTICLE III COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall commence at such time and date on which these Articles of Organization are filed by the Florida Department of State

ARTICLE IV REGISTERED AGENT

The address of the initial Registered Office and the Registered Agent of the Company at such address are as follows:

Zimmerman, Kiser & Sutcliffe, P.A. D. Scott Baker, Esq. 315 E. Robinson Street, Suite 600 Orlando, FL 32801 2008 APR 14 AM 8: 51
SECRETARY OF STATE

FAX NO.

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ARTICLE V MANAGEMENT

The Company is to be a manager-managed company. The name and address of the initial manager is as follows:

MaxWest Environmental Systems, Inc. 1502 Augusta, Suite 120 Houston, TX 77057

ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

D. Scott Baker, Authorized Representative

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

Having been named as 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 of the Florida Statutes.

SECRETARY OF STATE TALLAHASSEE, FLORID

P. 03/03