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ORIDA/FOREIGN LIMITED LIABILITY CO.

Municipal Maintenance LLC

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JAN **- 6** 2009



FAX AUDIT # #09000015703

ARTICLES OF ORGANIZATION OF Municipal Maintenance LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Municipal Maintenance LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be 1861 SW Salvatierra Blvd., Port St. Lucie, Florida 34987-2041.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Abdul Jimenez, 1861 SW Salvatierra Blvd. Port St. Lucie, Florida 34987-2041. Located in the County of St. Lucie.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Abdul Jimenez, 1861 SW Salvatierra Blvd., Port St. Lucie, Florida 34987-2041

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

Date: December 29, 2008

WI 53717

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(608) 827-5300

FAX AUDIT # 409000015703

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Municipal Maintenance LLC

The name and address of the registered agent and office is Abdul Jimenez, 1861 SW Salvatierra Blvd., Port St. Lucie, Florida 34987-2041. Located in the County of St. Lucie.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

Ahdul Jimenez

Date: ///09

SECRETARY OF STATE DIVISION OF CORPORATION

FAX AUDIT # HO 90000 15 7 03