

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 Phone : (302)575-0875

Fax Number : (302)575-0925

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SECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Straightline Maintenance LLC

Certificate of Status	0
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J. BRYAN

OCT 28 2009

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EXAMINE F

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Straightline Maintenance LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 5309 West Broward Bivd., #208, Plantation, FL 33317.

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

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

Agents and Corporations, Inc. 300 Fifth Avenus South Suite 101-330 Naples, FL 34102

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, F:S.

Agents and Corporations, Inc.

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By: David N. Williams, President

ARTICLE IV - Management (Check box if applicable.) [X]

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

ARTICLE V - Manager:

The Initial Manager(s) of the Limited Liability Company shall be:

Cletis T, Williams

Signature of a member or an authorized representative of a member (in accordance with section 608.408(3), Florida Statutas, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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Cletts T. Williams
Typed or printed name of signee

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SECRETARY OF STATE