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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|--------------|--|----------------|
| To: | Division of Corporations Fax Number : (850)617-6383 | <u>:</u> 11 |
| From: | Account Name : ROBINSON ACCOUNTING SERVICE Account Number : I20030000125 Phone : (850)769-2331 | Seur (|

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fax Number

: (850)769-0269

| THE | Address | | | |
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SECRETARY OF STATE
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FLORIDA LIMITED LIABILITY CO. RBF CONSTRUCTION, LLC

| Certificate of Status | 0 |
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| | - V |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |

C. LEWIS

MAY 4 2010

EXAMINER

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Fax Audit No: (((H10000107741_3)))

| ARTICLES OF ORGANIZATION F | OR FLORIDA LIMITED LIABILI | TY COMPANY |
|--|--|--|
| ARTICLE I - Name: The name of the Limited Liability Comp | pany is: | |
| RBF CONSTRUCTION, LLC | | |
| (Must end with the words "Limi | 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 Lia | bility Company is: |
| Principal Office Address: | Mailing Address: | |
| 701 VIRGINIA AVENUE | 701 VIRGIŅIA AVENUE | |
| LYNN HAVE, FL 82444 | LYNN HAVEN, FL 32444 | |
| ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address | wn Registered Agent. You must designate an individ | ual or another |
| | ! | COR # |
| BARRY G. MELTO | · · · · · · · · · · · · · · · · · · · | 78 7 |
| | Name | ARY LARY LARY LARY LARY LARY LARY LARY L |
| 701 VIRGINIA AVE | INUE | 四年 |
| Florida s | treet address (P.O. Box NOT acceptable) | E.FLO |
| I VNN HAVEN | 22444 | 英科 一 |

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..

City, State, and Zip!

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Fax Audit No: (((H10000107741 3)))

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FILED

2010 MAY - 3 AM & 18

SECRETARY OF STATE ARTICLE IV- Manager(s) or Managing Member(s):

TALLAHASSEE, FLORIDA

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 | BARRY G. MELTON | |
| | 701 VIRGINIA AVENUE | |
| | LYNN HAVEN, FL 32444 | |
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| (Use attachment if necessary) | | |

ARTICLE V: Effective date, if other than the date of filing: APRIL 29, 2010 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

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

BARRY G. MELTON

Typed or printed name of signoc

Filing Fees:

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

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

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