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FLORIDA LIMITED LIABILITY CO.
Statewide Flood Solutions, LLC

Certificate of Status	0
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A. LUNT
AUG 13 2010
EXAMINER



August 12, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP.

SUBJECT: STATEWIDE FLOOD SOLUTIONS, LLC
REF: W10000037802

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Agnes Lunt
Regulatory Specialist II

FAX Aud. #: H10000180305
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**Articles of Organization
Statewide Flood Solutions, LLC
A Florida Limited Liability Company**

The undersigned hereby certify that we have associated ourselves together for the purpose of becoming a Limited Liability Company under Chapter 608 of the Florida Statutes, providing for the formation, rights, privileges, and immunities of Limited Liability Companies for Profit. We further declare that the following Articles shall be the Charter and authority for the conduct of business for such Limited Liability Company.

**ARTICLE I
NAME OF LIMITED LIABILITY COMPANY**

The name of the Limited Liability Company shall be: Statewide Flood Solutions, LLC

**ARTICLE II
DURATION**

The term of existence of this limited liability company shall be perpetual.

**ARTICLE III
PURPOSE AND POWERS**

The general nature of the business to be transacted, and which the Limited Liability Company is authorized to transact, in addition to those authorized by the laws of the State of Florida, and the powers of Limited Liability Companies shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes and the laws of Florida.
2. To enter into and make all necessary contracts for its business with any person, entity, partnership, association, corporation, and to perform and carry out, assign, cancel or rescind any of such contracts.

The foregoing statement of purpose shall be constructed as a statement of both purpose and power, and shall be liberally constructed in the aid of the powers on the Limited Liability Company, and the powers and purpose stated herein shall, in no way limit or restrict the powers granted under the laws of the State of Florida.

**ARTICLE IV
MAILING ADDRESS AND
PRINCIPAL PLACE OF BUSINESS**

The mailing address of this Limited Liability Company shall be:
P.O.Box 561567
Miami, Florida 33256-1567

The principal place of business of this Limited Liability Company shall be:
9500 S. Dadeland Blvd., 4th Floor
Miami, Florida 33156

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**ARTICLE V
INITIAL REGISTERED OFFICE
AND REGISTERED AGENT**

The address of the initial registered office of the Limited Liability Company is and the name of the initial Registered Agent is:

Davor I. Mimica
9500 S. Dadeland Blvd., 4th Floor, Miami, Florida 33156

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..

Registered Agent's Signature

**ARTICLE VI
CAPITAL CONTRIBUTION**

The initial capital contributors of the Limited Liability Company shall be the amount of ONE THOUSAND (\$1,000.00) DOLLARS paid entirely in cash. Additional contributions will be made as required for the investment purpose, as determined by the Members of this Limited Liability Company.

**ARTICLE VII
ADMISSION OF NEW MEMBERS**

The admission of new members shall be solely by unanimous agreement of the existing members.

**ARTICLE VIII
CONTRIBUTION OF BUSINESS**

The remaining Members of this Limited Liability Company shall have the right to continue the business of the Company, on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or any other event which terminates the continued membership of a member.

**ARTICLE IX
MANAGEMENT**

The Limited Liability Company shall be managed by a majority vote of its members owning a majority interest in the Company.

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**ARTICLE X
MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Member	InSource, Inc., P.O.Box 561567, Miami, FL 33256
Managing Member	Phil Lyons, 9500 S Dadeland Blvd, 4th Floor Miami, FL 33156

**ARTICLE XI
RESTRICTION ON TRANSFER**

No member may transfer or assign his or its interest in this Limited Liability Company except upon unanimous consent of the existing members or as otherwise provided for by the Members.

The undersigned, being one of the Members of this Limited Liability Company, hereby certifies that the forgoing constitutes the Articles of Organization of:
Statewide Flood Solutions, LLC.

Executed by the undersigned at Miami, Miami-Dade County, Florida,
This 6 day of August, 2010.

BY: *Phil Lyons*
Phil Lyons, Managing Member

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TALLAHASSEE, FLORIDA

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STATE FLORIDA)
) ss.
COUNTY OF MIAMI-DADE)

The foregoing instrument was knowledge before me this 6 day of August, 2010, by Phil Lyons, who is personally known to me.

Eduardo Menendez
Notary Public

Eduardo Menendez
Print Name

