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F. HAMPTON
SEP 1 7 2010
EXAMINER

September 10, 2010

Florida Dept. of State Division of Corporation P.O. Box 6327 Tallahassee, FL 32301

Subj: Articles of Organization -MOISTURE RECOVERY WATER LOSS SERVICES, LLC

Dear Sir:

Enclosed please find the following:

- 1. The original and one copy of the Articles of organization for the subject limited liability company. Please certify one copy and return it to the undersigned.
- 2. My check in the amount of \$15%.00 to cover the filing fees.
  - 3. Designation of Resident Agent.

Kindly acknowledge filing of these Articles of Organization in compliance with Florida law and return the certified copy of the Articles of Organization to the undersigned at Atlantic Nonlawyer Services, Inc., 1592 N. AlA, Satellite Beach, FL 32937. Telephone Number (321) 773-2020.

Thank you for your assistance in this matter.

Victor Soderstrom

#### ARTICLES OF ORGANIZATION

OF

MOISTURE RECOVERY WATER LOSS SERVICES, LLC

ARTICLE I. NAME

The name of this Limited Liability Company is MOISTURE RECOVERY WATER LOSS SERVICES, LLC

ARTICLE II. DURATION

This Limited Liability Company shall have perpetual existence.

ARTICLE III. PURPOSE

This Limited Liability Company is organized for the purpose of transacting any or all lawful business.

ARTICLE IV. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Limited Liability Company is 920 North A1A, Indialantic, Florida 32903, and the name of the initial registered agent of this Limited Liability Company at that address is VICTOR SODERSTROM.

#### ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company The number of mangers may be either increased or diminished from time to time by the bylaws but shall never be less than

one. The name and address of the initial managers of this limited liability company is:

VICTOR SODERSTROM 2140 Abalone Ave. Indialantic, Florida 32903

JOHN L. HEAD III 192 Haven Ave. Melbourne, Florida 32904

ARTICLE VI. PRINCIPAL OFFICE AND MAILING ADDRESS

The principal office of the limited liability company is located at 920 North AlA, Indialantic, Florida 32903 and the mailing address of the limited liability company is 1145 North Ramona Ave., Indialantic, Florida 32903.

### ARTICLE VII. MEMBER

The name and address of the person signing these articles of organization is:

VICTOR SODERSTROM 2140 Abalone Ave. Indialantic, Florida 32903

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## DESIGNATION AS REGISTERED AGENT

In compliance with Section 608, Florida Statutes, the following is submitted:

That MOISTURE RECOVERY WATER LOSS SERVICES, LLC desiring to organize under the laws of the State of Florida, with its principal office at 920 North A1A, Indialantic, Florida 32903-has named VICTOR SODERSTROM, located at 920 North A1A, Indialantic, Florida 32903 to accept service of process within this state.

#### ACKNOWLEDGMENT:

Having been named to accept service of process for the above named Limited Liability Company, at the place designated in this certificate, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Florida law relative to keeping the designated office open.

VICTOR SODERSTROM Registered Agent

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

#### ARTICLE VIII. AMENDMENTS

This limited liability company reserves the right to amend or repeal any provision contained in these Articles of Organization, or any amendment hereto, by a majority vote of the Members.

IN WITNESS WHEREOF the undersigned member has executed these articles of organization on this \_\_\_\_\_ day of September, 2010.

ICTOR SODERSTROM

STATE OF FLORIDA
COUNTY OF BREVARD

SECRETARY OF STATE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared VICTOR SODERSTROM to me known to be the person described as member in and who executed the foregoing Articles of Organization, and who acknowledged before me that he subscribed to those Articles of Organization.

WITNESS my hand and official seal in the County and State named above this  $10^{10}$  day of September, 2010,

tary Public

NACE NO GLECCH
MY COMMISSION # DD 8112

\* EXPLIRES Sentember 4.20