L10000130264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600188353426

12/22/10--01001--026 **160.00

RECEIVED
10 DEC 21 PM 4:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 DEC 21 AM 9:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
DEC 22 2010
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 AM 9:45

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 12/21/2010

REF. #: RA3984.138685

CORP. NAME: EE&G DISASTER RECOVERY SERVICES, LLC

( ) ARTICLES OF INCORPORATION
( ) ARTICLES OF AMENDMENT
( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT
( ) TRADEMARK/SERVICE MARK
( ) FICTITIOUS NAME
( ) FOREIGN QUALIFICATION
( ) LIMITED PARTNERSHIP
(XX) LIMITED LIABILITY
( ) REINSTATEMENT
( ) MERGER
( ) WITHDRAWAL
( ) CERTIFICATE OF CANCELLATION
( ) OTHER:

STATE FEES PREPAID WITH CHECK# 537826 FOR $ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: $**_____

PLEASE RETURN:

(XX) CERTIFIED COPY
(XX) CERTIFICATE OF GOOD STANDING
( ) PLAIN STAMPED COPY
( ) CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 AM 9:45

ARTICLE I - Name:
The name of the Limited Liability Company is:

EE&G Disaster Recovery Services, LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
5751 Miami Lakes Drive East Miami Lakes, FL 33014	5751 Miami Lakes Drive East Miami Lakes, FL 33014

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CorpDirect Agents, Inc.
Name

515 E. Park Avenue
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
City, State, and Zip

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..

Katie Wonsch, Asst. Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

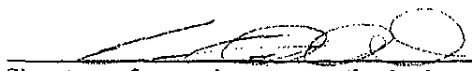
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Timothy Gipe 5751 Miami Lakes Drive East Miami Lakes, FL 33014
MGR	Thomas McArdle 5751 Miami Lakes Drive East Miami Lakes, FL 33014
MGR	Carolyn Bailey 5751 Miami Lakes Drive East Miami Lakes, FL 33014
MGR	Edwin E Walrad 5751 Miami Lakes Drive East Miami Lakes, FL 33014

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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 penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Edwin E Walrad
Typed or printed name of signee

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)