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Account Name : CSH SERVICES, LLC  
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**FLORIDA LIMITED LIABILITY CO.  
T.I. GUTTERING, LLC**

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**T. HAMPTON**

APR 18 2011

**EXAMINER**

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**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

T.I. GUTTERING, LLC

**ARTICLE II ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

3099 BAY TREE DRIVE  
ORLANDO, FLORIDA 32806

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

ANTHONY WOLFE  
3099 BAY TREE DRIVE  
ORLANDO, FLORIDA 32806

Having been named as registered agent 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.

X Anthony Wolfe  
ANTHONY WOLFE / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
ANTHONY WOLFE  
3099 BAY TREE DRIVE  
ORLANDO, FLORIDA 32806

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.....  
X Anthony Wolfe  
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.

ANTHONY WOLFE

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