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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: **GAIL S ANDRE**
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

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

Email Address: _____

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

**FLORIDA LIMITED LIABILITY CO.
QUALITY CERTIFIED VALVE COMPANY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION
OF
QUALITY CERTIFIED VALVE COMPANY, LLC

ARTICLE I - NAME

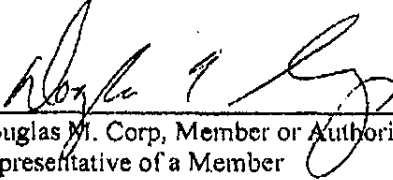
The name of this limited liability company is Quality Certified Valve Company, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company is 1101 Cornwall Road, Sanford, Florida 32773.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 1101 Cornwall Road, Sanford, Florida 32773, and the name of the initial registered agent of the Company at that address is Douglas M. Corp.



Douglas M. Corp, Member or Authorized
Representative of a Member

13 JUL - 1 AM 8:14
MELBA
STATE OF FLORIDA

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Douglas M. Corp