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Certified Copies	_ Certificates	of Status
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TO:	L, *	ation Sec 1 of Corp	rtion porations					* ***.
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The encl	losed Art	icles of C)rganization	and fee(s)) are submit	ted for fili	ng.	
Please re	eturn all c	correspor	idence conc	erning this	matter to tl	he followin	ıg:	
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For furth	er inforn	nation col	ncerning this	s matter, p	lease call:			
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		Name of	· '	at	Area Co			elephone Number
Enclosed	l is a chec		following a					
\$125.00	Filing Fe	ee 🛭	\$130.00 Fil Certificate	~	Cert	5.00 Filing ified Copy onal copy i		□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing	Address			Street/C	lourier Add	lress

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

AKTIKA 225 OF OKNANIZATION FON FLORIDA CASHITAZ GAZDICAT F CAZDICAN
ARTICLE I - Name: The name of the Limited Liability Company is:
C&J ROYAL INSTALLATIONS LLC 臺灣
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") المعالجة
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
930 NE 6th AVENUE 930 NE 6th AVENUE GAINESVILLE FL 32601
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:
ELBERT ROYAL
Name
815 LAKE KEMPTON DRIVE Florida street address (P.O. Box NOT acceptable)

HAWTHORNE FL 32640

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 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page Lof2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
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(Use attachment if necessary) EV: Effective date, if other than the date of the date is listed, the date must be specification.	filing:
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EV: Effective date, if other than the date of the date is listed, the date must be specififfiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the date of the dat	er or an authorized representative of a member. 203 (1) (b). Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State