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NAME: WOODPECKER DAMAGE CONTROL COMPANY LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

WOODPECKER DAMAGE CONTROL COMPANY LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

6000 SEAGRASS LANE
NAPLES, FLORIDA 34116

The mailing address of the Limited Liability Company is:

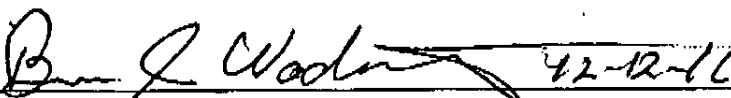
PO BOX 8802
NAPLES, FLORIDA 34101

ARTICLE III REGISTERED AGENT

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

BRUCE J WADSWORTH
6000 SEAGRASS LANE
NAPLES, FLORIDA 34116

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.

x 

BRUCE J WADSWORTH / Registered Agent's signature

PAGE 2 WOODPECKER DAMAGE CONTROL COMPANY LLC

ARTICLE IV AUTHORIZED PERSON(S)

The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER
BRUCE J WADSWORTH
PO BOX 8802
NAPLES, FLORIDA 34101

.....

x  12-12-11
BRUCE J WADSWORTH / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), 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.)

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