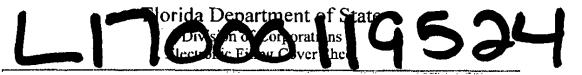
5/31/2017

Division of Corporations



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· To:

Division of Corporations

Fax Number

: (850)617-6381

°From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA800000023 Phone

: (512)418-6949

Fax Number

: (954)208-0845

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

Email	Address:		

FLORIDA LIMITED LIABILITY CO.

EE&G Restoration Services, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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JUN 02 2017

K. Brumbley

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	*	COVER LETI	ER	*
TO:	New Filing Section Division of Corporations			
SUBJE	EE&G Restoration Services, LLC			
SOBIL		f Limited Liabili	ty Company	
The enc	losed Articles of Organization and fee(s) are submitted	for filing.	
Please n	eturn all correspondence concerning thi	s matter to the f	ollowing:	
	Carolyn Bailey			
	· <u></u>	Name of	Person	· · · · · · · · · · · · · · · · · · ·
	BE&G Management Services, LLC			
		Firm/Co	mpany	
	5751 Miami Lakes Drive			
	, ,	Addr	ess.	· · · · · · · · · · · · · · · · · · ·
	Miami Lakes, FL 33014-2417			
	cbailey@ccandg.com	City/State and	d Zip Code	
	E-mail address: (to be	used for future a	nnual report notifical	tion)
For furthe	er information concerning this matter, p	lease call:		
	Carolyn Bailey	305 t (374-8300)	
	Name of Person	Area Code	Daytime Telephor	ne Number
Enclose	d is a check for the following amount:			
]\$125.0 0	Filing Fee S130.00 Filing Fee Certificate of Status	s LandCertific	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Malling Address New Filing Section		Street Address New Filing Section	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

EE&G Restoration S	Scrvices, LLC			
	tain the words "Limited I	iability Company, "I	.L.C.," or "LLC.")	······································
ARTICLE II - Address: The mailing address and street	address of the principal of	fice of the Limited Li	ability Company is:	
Princi	pal Office Address:		Mailing Address:	
5751 Miami Lakes I	Drive	5751 N	fiami Lakes Drive	
Miami Lakes, FL 33	3014-2417	Miami	Lakes, FL 33014-2417	
another business entity with an	active Florida registration	1.)	n must designate an individual	or
another business entity with an The name and the Florida street	active Florida registration	1.)	e must designate an individual	or
another business entity with an	active Florida registration address of the registered	agent are:	n must designate an individual	or
another business entity with an	active Florida registration t address of the registered NRAI Services, Inc.	n.) agent are: Name nd Road		br
another business entity with an	active Florida registration address of the registered NRAI Services, Inc. 1200 South Pine Isla	n.) agent are: Name nd Road		br
another business entity with an	active Florida registration that address of the registered NRAI Services, Inc. 1200 South Pine Isla Florida street address	n.) agent are: Name nd Road (P.O. Box NOT acco	eptable)	br
another business entity with an The name and the Florida street faving been named as registered place designated in this certificate further agree to comply with the p	active Florida registration t address of the registered NRAI Services, Inc. 1200 South Pine Isla Florida street address Plantation, City t agent and to accept service, I hereby accept the apportant of all statutes re	n.) agent are: Name ad Road (P.O. Box NOT accomplished State the of process for the accomplished as registered lating to the proper as	optable) 33324 Zip bove stated limited liability compagent and agree to act in this cand complete performance of my is	oany at th pacity. I futies, an
another business entity with an	active Florida registration t address of the registered NRAI Services, Inc. 1200 South Pine Isla Florida street address Plantation, City t agent and to accept service, I hereby accept the apportant of all statutes re	n.) agent are: Name ad Road (P.O. Box NOT accomplished State see of process for the animment as registered lating to the proper are are registered agent as	optable) 33324 Zip bove stated limited liability compagent and agree to act in this cand complete performance of my is	oany at th pacity. I futies, an

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17 John of AM 8: 55
SECRETARY OF STATE
CALLAHASSEE, FLORIDA

ARTICLE IV-

To: Page 5	of	
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'AMBR" – Authorized Member 'MGR" – Manager Manager	
Manager	
	Timothy R. Gipe
	5751 Miami Lakes Drive
	Miami Lakes, FL 33014-2417
Manager	Nizar Kherani
	612 Ballard Drive
	Melbourne, FL 32935
Manager	Carolyn Bailey
· · · · · · · · · · · · · · · · · · ·	5751 Miami Lakes Drive
	Miami Lakes, FL 33014-2417
·	Minim 1480, 11 33014-2417
Manager	Donald Schambach
	612 Ballard Drive
	Melbourne, FL 32935
ctive date is listed, the date must be spe f filing.)	of filing: (OPTIONAL) reffic and cannot be more than five business days prior to or 9 reet the applicable statutory filing requirements, this date will no
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Attachment To Articles of Organization For Florida Limited Liability Company

The name of the Limited Liability Company is: **EE&G Restoration Services, LLC**

Article IV - continuation

Title: Name and Address:

Manager

Suzanne Meyer 5751 Miami Lakes Drive Miami Lake, FL 33014-2417