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(A.J.)	>	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

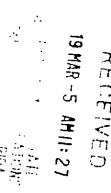
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19 MAR -5 AM ID: 02 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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T SCHROEDER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 3/5/2009		
		**WALK IN*
ENTITY NAME_	A.G. WRECK TO RENOVATE, LLC	
DOCUMENT NU	MBER	
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DE NUMBER OF CER	ESTINATION	
TOTAL OWED_	125.00 CHECK #_ 5847	
	na at the above number for any issues or concerns. Thank g	you so much!

AIGHCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A.G Wreck to Renovat	e, LLC		<u> </u>
(Must contain	n the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal office	of the Limited Liability Company is	s:
<u>Principal</u>	Office Address:	Mailing A	Address:
5136 Ponce De Leon B	Blvd.	5136 Ponce De Leon Bly	rd.
Northport, FL 34291		Northport, FL 34291	
	Adam Gomez	me:	_
	- Na 5136 Ponce De Leon Blvd	d.	_
	· Na	d.	_
	- Na 5136 Ponce De Leon Blvd	d.	
	5136 Ponce De Leon Blvo Florida street address (P.0	d.	_ _ _
place designated in this certificate, I further agree to comply with the pro	5136 Ponce De Leon Blve Florida street address (P.6 Northport, FL 34291 City The sent and to accept service of the appoints wisions of all statutes relating ations of my position as reservice of the appointment of the statutes of the appointment of the statutes relating ations of my position as reservice.	d. O. Box <u>NOT</u> acceptable) State Zip The process for the above stated limited ment as registered agent and agree to ag to the proper and complete perforing to the proper and complete for in Charles and agent as provided for in Charles agent agent as provided for in Charles agent a) act in this capacity. I mance of my duties, and I
place designated in this certificate, I further agree to comply with the pro	5136 Ponce De Leon Blve Florida street address (P.6 Northport, FL 34291 City The sent and to accept service of the appoints wisions of all statutes relating ations of my position as reservice of the appointment of the statutes of the appointment of the statutes relating ations of my position as reservice.	d. O. Box <u>NOT</u> acceptable) State Zip process for the above stated limited ment as registered agent and agree to ag to the proper and complete perform) act in this capacity. I mance of my duties, and i

19 MAR -S AH DO 02
SECRETARY OF STATE VALLAHASSEE, FLORIDA

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Adam Gomez
AMBR	5136 Ponce De Leon Blvd.
	Northport, FL 34291
EV: Effective date, if other than the ctive date is listed, the date must filling.) the date inserted in this block does	be date of filing:
ctive date is listed, the date must f filing.) the date inserted in this block doc nent's effective date on the Depar	be specific and cannot be more than five business days prior to or 90 d s not meet the applicable statutory filing requirements, this date will not b
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