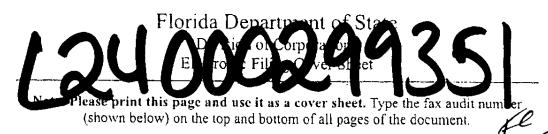
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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number

: (917)243-5843

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

| Email | Address: | | | |
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| CIRCIT | MUUI 655. | | | |

FLORIDA LIMITED LIABILITY CO. COREFAB SERVICES LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$125.00 |



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY.

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

COREFAB SERVICES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE H - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1744 EMERSON DR. SE PALM BAY, FL 32909 1744 EMERSON DR. SE PALM BAY, FL 32909

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:

KURT R SOMRAH

Name

1744 EMERSON DR. SE

Florida street address (P.O. Box NOT acceptable)

PALM BAY City FL

32909

State Zip

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)

\$EC\$1.487 OF STATE

1 'm to 160

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | |
| "MGR" - Manager | |
| AMBR | KURT R SOMRAH |
| | 1744 EMERSON DR. SE PALM BAY. FL 32909 |
| | 1110M DIST.11 20 34-307 |
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| (Use attachment if necessary) | |
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