

REFERENCE: 673812 161872A

AUTHORIZATION :

COST LIMIT : \$ 20.00 285.00

ORDER DATE: September 1, 1995

ORDER TIME : 9:49 AM

ORDER NO. : 673812

CUSTOMER NO: 161872A

600001607086

CUSTOMER: Mr. David A. Huggins

MR. DAVID A. HUGGINS

2582 Spruce Creek Boulevard

Daytona Beach, FL 32124

DOMESTIC FILING

NAME: DAYTONA TECHNICAL SERVICES,

L.L.C.

ARTICLES OF INCORPORATION

XX CERTIFICATE OF LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lamont W. Jones

EXAMINER'S INITIALS: T. BROWN OCT

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name: The name of the Limited Liability Company is:

DAYTONA TECHNICAL SERVICES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2582 SPRUCE CREEK BOULEVARD, DAYTONA BEACH, FL 32124

ARTICLE III - Duration:
The period of duration for the Limited Liability Company shall be: PERPETUAL

ARTICLE IV - Management: (check and complete the appropriate statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

DAVID A. HUGGINS BARBARA G. HUGGINS 2582 SPRUCE CREEK BOULEVARD, DAYTONA BEACH, FL 32124

2582 SPRUCE CREEK BOULEVARD, DAYTONA BEACH, FL 32124

ARTICLE V - Admission of Additional Members:
The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

UNLIMITED RIGHT TO ADMIT MEMBERS

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

MEMBERS SHALL HAVE THE RIGHT TO CONTINUE UPON THE DEATH OF A MEMBER.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

| The undersigned member or authorized representative of a member of   | <del></del> |
|--|-------------|
| DAYTONA TECHNICAL SERVICES, L.L.C. deposes and says:   |             |
| 1) the above named limited liability company has at least two members  |             |
| 2) the total amount of cash contributed by the member(s) is \$ 0.00  |             |
| 3) if any, the agreed value of property other than cash contributed by member(s) is  \$ A description of the property is attached and made a part hereto | ١.          |
| 4) the total amount of cash or property anticipated to be contributed by member(s) is \$\\\ 0.00 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \                   |             |
|  |             |
| <u>/`)</u>   |             |

(In accordance with section 608.408(7), Profits Statutes, the amention of this affidavis constitutes on affirmation under the position of perjury that the field stated have are true.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

|                      |   | ALCE OF                               | 7          |
|----------------------|---|---------------------------------------|------------|
| The n                | ame of the limited liability compa                | ay is:                                | Es.        |
| DAYTON               | A TECHNICAL SERVICES, L.L.C.                      |                                       |            |
| <del></del>          |   | 16.33                                 | <i>?</i> . |
|                      |   |                                       | •          |
|                      |   | *                                     |            |
| The name :           | and address of the registered agent and office is | <b>9</b>                              |            |
| The name             | and address of the registered agent and office is | <b>.</b>                              |            |
| The name             | DAVID A. HUGGINS                                  | · · · · · · · · · · · · · · · · · · · |            |
| The name :           | DAVID A. HUGGINS                                  | <b></b>                               |            |
| The name :<br>-<br>- | DAVID A. HUGGINS                                  |                                       |            |

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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.

(City/Buu/Zie)

(Signapure) (Date)

FILING FEE: \$ 35 for Designation of Registered Agent

|                             | ED LIABILIT<br>ANNUAL R<br>199      | 6  |                          | DIVIS                   | DA DEPARTM<br>Sandra B. M<br>Secretary of<br>SION OF COF | lortham<br>if State<br>RPORATIONS                        |           |                                   | AND<br>FILEC<br>APR 18 /  | NH 10: 5                     |   |
|-----------------------------|-------------------------------------|--|--------------------------|-------------------------|--|--|-----------|-----------------------------------|---|------------------------------|---|
| \$ 23                       | 8.75 Ma                             | Annuel Report \$100<br>ke Check Payable  | To: FLO                  | S Come<br>RIDA D        | retion Supplem<br>EPARTMEN                               | entel Fee<br>IT OF STAT                                  | Ē         | SI<br>TAI                         | CRETARY<br>LAHASSEE   | FLOI                         | ΝίδΑ  |
| of Li                       | e and Mailing Admited Liability Cor | mpany DOCI   | JMEN                     | T#L                     | 9500000  | 0766   |           |                                   |   |                              |   |
| i                           | DAYTONA                             |  | BLVD .<br>32124<br>・エア ル | 10 01                   | TEYTRA   |  | ľ         | 2582 S                            | PRUCE CR<br>A BEAACH  | EEK 1                        | 32124   |
| Princ                       | pai Place of Busi                   | ncorrect in any way, line the  | 2a. Mai                  | tt informe<br>ling Addr | ition and enter co<br>less                               | rection in Block 2                                       |           | 3. Date Orga                      | Inized or Qualified   |                              | ate of Formation  |
| urle, A                     | ot. #, etc.                         |  | Suite, A                 | pt. #, etc.             |  | <del></del>  | -         | 10/11/:<br>4. FEI Numb            | 1995  | FL                           |   |
| IIV & S                     | TTONA B                             | BACH, FL   | City & S                 |                         |  | H, FL  | L         |                                   | 340900  |                              | Applied For Not Applical                                  |
| ,p                          |                                     | Country  | Ζıp                      |                         | Count  | ry   |           | 5. Date of La                     | ы кероп   | 6. Cert                      | ficate of Status Desire                                   |
|                             | 7. Name s                           | and Address of Current   | Registered               | Agent                   |  | Name   | 8,        | Name and A                        | iddress of New F  | Togistered                   | Agent   |
| BZ<br>YTC                   | NA BEAM                             | CREEK BLVD.<br>CH FL 32124   | ŀ                        | ,                       | i  | Street Addre   |           | ). Bax Numb                       | er is Not Accepta   | abie)                        |   |
|                             |                                     |  |                          |                         |  |  |           |                                   |   |                              |   |
| Pursu                       | ant to the provisio                 | or of Contract   |                          |                         |  | City   |           |                                   | FL  | Zip Coo                      | _   |
| Pursu<br>registe<br>registe | red agent, and ac                   | ns of Sections 608 416 aread agent, or both, in the coept the obligations.   |                          |                         |  | ove-named lim<br>thorized by affi                        | riillii ( | ibility compan<br>e vote of a maj |   |                              |   |
| inati.                      | RE                                  | ns of Sections 608 416 aread agent, or both, in the coept the obligations.  [Programmed Agent Accepting Agent Accepting Members/Managers | ppontment) (f            |                         | erad Agent signatura                                     | ove-named lim<br>thorized by affi                        | lating)   | ibility compan<br>e vote of a maj | y submits this state ority of the member  | ement for t                  | he purpose of changir<br>accept the appointme             |
| registe<br>SNATL<br>Title   | red agent, and ac                   | Cept the obligations.  [Pingistered Agent Accepting A  | uppointment) (f.         | IOTE Fleg-st            | erad Agent signatura                                     | Ove-named lim<br>ithorized by afti<br>required when remo | lating)   | a Aora ora mal                    | y submits this state ority of the member  | ement for t<br>irs. I hereby | he purpose of changi<br>accept the appointme              |
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| Title                       | RE Mana                             | (Registered Agent Accepting Inging Members/Managers  | ppointment] (f           | 101E Regist             | Busines  | required when remains Street Address                     | ss BL     | VD.                               | DATE City  DAYTONA  DAYTONA  DAYTONA  DAYTONA                                   | ement for tres. Thereby      | he purpose of changing accept the appointment of Zip Code |

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SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING MANUEL OR MANAGER

7 Allest 96 904-761-5141
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