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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

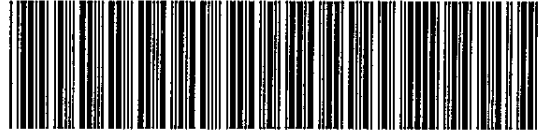
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MAN

FILED
04 JAN 13 AM 10:41
TALLAHASSEE, FLORIDA

**Freeport Cabinetry & Millwork LLC
2098 Bay Loop Dr. W.
Freeport, Florida 32439
850-685-1451**

January 10, 2004

RE: Florida Limited Liability Company

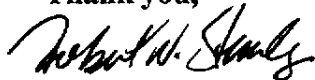
ATTN: Registration Section

Enclosed are the completed forms and check for forming a Florida Limited Liability Company.

Contact information:

**Freeport Cabinetry & Millwork LLC
Robert W. Stanley
2098 Bay Loop Dr. W.
Freeport, Florida 32439
850-685-1451 or 850-685-7739**

Thank you,



Robert W. Stanley

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freeport Cabinetry & Millwork LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert W. Stanley
(Name of Person)

Freeport Cabinetry & Millwork LLC
(Firm/Company)

2098 Bay Loop Dr. W.
(Address)

Freeport, FL. 32439
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon Stanley at (850) 685-1451
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Freeport Cabinetry & Millwork LLC

ARTICLE II - Address:

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

Principal Office Address:

2098 Bay Loop Dr. W.
Freeport, FL 32439

Mailing Address:

SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert W. Stanley
Name

2098 Bay Loop Dr. W.
Florida street address (P.O. Box NOT acceptable)

Freeport FLORIDA 32439
City, State, and 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 608, Florida Statutes..

Robert W. Stanley
Registered Agent's Signature

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04 JAN 13 AM 10:41
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Robert W. Stanley
2098 Bay Loop Dr. W.
Freeport, FL 32439

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Robert W. Stanley

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)