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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: E And D Home Improvement 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: Eddi E F. JACKSOW (Name of Person) E & D home Improvement LLC |
| Please return all correspondence concerning this matter to the following: |
| Eddie F. Jackson (Name of Person) |
| (Name of Person) |
| E & D home Improvement LLC (Firm/Company) |
| 5111 E. 14th 5t. (Address) |
| SPRING FIELD, FIA. 32404 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Eddie Jackson at (850) 785-1035 (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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A CONTRACTOR OF THE PARTY OF TH | MILES TO SORION | 6160 |
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| ARTICLE I - Name: The name of the Limited Liability Company | y is: |
|---|--|
| E + D HOME IMPROVEM | ENT L.L.C. |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 5111 E. 14th St. | SAME |
| SPRINGFIELD, FIA. | |
| 32404 | |
| | |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Eddie F. Jackson
Name

SIII E. 1945 54.
Florida street address (P.O. Box NOT acceptable)

Springfield, FLORIDA 32909 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

| <u>Citle:</u> MGR" = Manager MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | Eddi E JACKSON SIII E. 14th St. SORING FIELD, FLA. 32404 |
| morm | Ronald Wobbe 5/11 F. 14th St. Sorina Field, FLA 32404 |
| marm | Micheal Congrad 5/11 E. 14th St Spring Field, FLA 32404 |

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

REQUIRED SIGNATURE:

Edito F. Mesou-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.)

Eddi E F. JACKSON
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)