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MJH

April 22, 2004

Florida Dept of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

Please file the enclosed Articles Of Organization. Enclosed is a money order for \$160.00.

Timothy Ball 3701 NE 59th Avenue Ocala, FL 34488 352-236-2062



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 29, 2004

TIMOTHY BALL 3701 NE 59TH AVENUE OCALA, FL 34488

SUBJECT: TIMOTHY BALL FLOOR COVERING

Ref. Number: W04000016640

We have received your document for TIMOTHY BALL FLOOR COVERING and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 204A00029116

Michelle Hodges Document Specialist

Division of Corporations - P.O. ROX 6327 Tallahasson, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is	:		
TIMOTH	IN EARL FLA	on confund L	LC	
ARTICLE II - Address an		rincipal office of the Lim	ited Liability Con	mpany is:
Principal Office Addr	·	Mailing Addr	<u>ess:</u>	
37\$1 NE 59	34488			
		•	<u>. – – – – </u>	
	tered Agent, Registere da street address of the	d Office, & Registered A registered agent are:	Agent's Signatur	re: Q
	TIMOTHY BALL Name 3701 NE 09	· · · · · · · · · · · · · · · · · · ·		
		O. Box NOT acceptable)	. 이 보 <u>는</u> 	is a
	OCALA City, State,	FLORIDA 3448 and Zip	8	29

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.)

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)

Typed or printed name of signee