

Box  
133

BLUMBERG/EXCELSIOR  
Division of Corporations

Fax: 888-392-3256

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**Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850) 205-0383

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**DISTINCTIVE KITCHENS AND BATHS LLC**

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

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TALLAHASSEE, FLORIDA

**DISTINCTIVE KITCHENS AND BATHS LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

812 SE 8TH AVENUE  
DEERFIELD BEACH, FL 33441

812 SE 8TH AVENUE  
DEERFIELD BEACH, FL 33441

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

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

SCOTT BALIN

Name

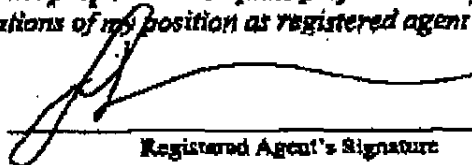
812 SE 8TH AVENUE

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

DEERFIELD BEACH, FL 33441 FL

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, F.S.:*



Registered Agent's Signature

BlumbergExcelsior

(CONTINUED)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

SCOTT BALIN

11845 BAFIELD DRIVE

BOCA RATON, FL 33498

MGRM

SAMUEL L. BALIN

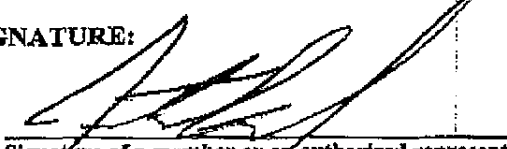
11845 BAFIELD DRIVE

BOCA RATON, FL 33498

(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.)

JUSTIN T. REED

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**