| CAPITAL CONNECTION, INC. | T * |
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| 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222 Distributor L. C. C. | 5000031024163 -01/19/0001042002 ****125.00 ****125.00 |
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| EFFECTIVE DATE 125-00 | Art of Inc. File |
| W-1451 Signature | Certificate of Status Certificate of Fictitious Nate Corp Record Search Officer Search Fictitious Search Fictitious Search Fictitious Owner Search < |
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| Name Date Time | UCC 11 Search |
| Walk-In Will Pick Up | Courier |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 19, 2000

CAPITAL CONNECTION, INC.

SUBJECT: NATURAL BUILDING SYSTEMS DISTRIBUTOR, L.L.C. Ref. Number: W00000001451

We have received your document for NATURAL BUILDING SYSTEMS DISTRIBUTOR, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 19, 2000. Please amend your document accordingly.

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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 400A00002536



ARTICLES OF ORGANIZATION FOR NATURAL BUILDING SYSTEMS DISTRIBUTOR, L.L.C.

ARTICLE I - Name:

The name of the Limited Liability Company is: NATURAL BUILDING SYSTEMS DISTRIBUTOR, L.L.C.

ARTICLE II - Address:

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

28870 U.S. Highway 19 North, Suite 300 Clearwater, FL 33761

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

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

Robert Krug, Esquire 4010 Boy Scout Blvd., Suite 590 _____ Tampa, FL 33607

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

ARTICLE IV - Management (Check box if applicable.)

□ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

ARTICLE V - Effective Date

Effective date of the company is:

January 25, 2000



(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.)

Michael Hofmann

Typed or Printed Name of Signee -

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