

201000006552

JK HARRIS & COMPANY
BRUNSWICK SERVICE CENTER

P.O. BOX 1936
BRUNSWICK, GA. 31521

PHONE 888-610-8293
FAX 912-264-9976

RS & STATE PROBLEM RESOLUTION - VETERAN IRS AGENTS & TAX PROFESSIONALS - WORLD WIDE WEB www.jkharris.com

April 6, 2001

Honorable Sandy B. Mortham
Secretary of State
Capitol Plaza Level, Room 2
Tallahassee, FL 32399

RE: X L FRAMING, LLC

Dear Honorable Sandy Mortham:

Enclosed for filing, please find an original and one (1) copy of the Articles of Organization, and Certificate of Designation of Registered Agent/Registration Office, in reference to the above-captioned matter. Also enclosed, is a check in the amount of \$125.00 to cover the filing fees of the Articles.

Please return the stamped copy back to me in the envelope provided. *not provided*

If you have any questions, at (912) 264-2216 Ext. 201.

Thank you,
Sandra Anderson
Administrative Assistant

~~XXXXXXXXXXXX~~
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***125.00 ***125.00
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-04/27/01 -01035--002
***125.00 ***125.00
W01-8939

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 APR 27 PM 12:26

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 16, 2001

SANDRA ANDERSON
JK HARRIS & COMPANY
PO BOX 1936
BRUNSWICK, GA 31521

SUBJECT: X.L. FRAMING, LLC
Ref. Number: W01000008539

We have received your document for X.L. FRAMING, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The check you submitted was not made payable to SECRETARY OF STATE, but to JK HARRIS & COMPANY. Please submit a \$125 check made payable to SECRETARY OF STATE. We are returning the check you submitted. Also, please be sure to return your check to the address shown below.

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) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 801A00022452

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1-NAME

The name of the Limited Liability Company is:

X.L. FRAMING, LLC

ARTICLE 11-ADDRESS (MAILING AND STREET ADDRESS)

182 HIBISCUS ROAD
EDGEWATER, FLORIDA 32141

ARTICLES 111-REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENTS

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

WALTER LEWANDOWSKI
182 HIBISCUS ROAD
EDGEWATER, FLORIDA 32141

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.

(An additional article must be added if an effective date is requested)



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.)

WALTER LEWANDOWSKI
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608, 415 OR 608,507 FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/
REGISTERED AGENT, IN THE STATE OF FLORIDA

1 The name of the limited liability company is:

X.L. FRAMING, LLC

2 The name and address of the registered agent and office is:

WALTER LEWANDOWSKI

Name

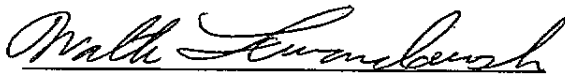
182 HIBISCUS ROAD

P.O. Box or Mail Drop NOT Acceptable

EDGEWATER, FLORIDA 32141

City/State/Zip

Having been named as registered agent and to accept service or 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.



Signature

2-14-01

Date

01 APR 27 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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