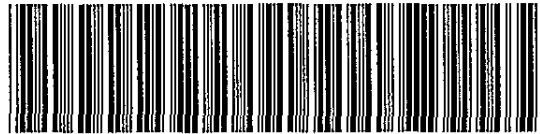


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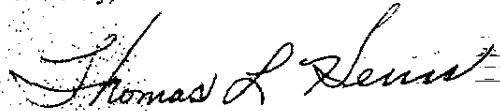
February 28, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

My name is Thomas L. Heuss. My address is 1555 Pine Crest St., St. Augustine, FL 32084 and my daytime telephone number is 904 824-8766.

Sincerely,



Thomas L. Heuss

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOM'S TRIM L.L.C

ARTICLE II - Address:

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

1555 PINECREST ST, ST AUGUSTINE FL. 32084

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

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

THOMAS L. HEUSS

Name

1555 PINECREST ST

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

ST. AUGUSTINE FL 32084

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.

Thomas L. Heuss

Registered Agent's Signature

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

Thomas L. Heuss

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.)

THOMAS L. HEUSS

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)

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