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RECRETARY DIVISION OF CORFORATION

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Wakulla Carpet Brokers LLC			
(Name of Lir	mited Liability Company)		_
The enclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please return all correspon	ndence concerning this matter to the following:		
Curtis Daniels			
	(Name of Person)	 ,	
Wakulla Carpet Brokers LLC		03 NOV 20 SECKETARY TALL HASSI	Katago-
	(Firm/Company)	HAT OF	*
53 P. A. Sanders Rd		20 A	
	(Address)		
Sopchoppy FL 32358		ORIGINAL SE	O
(6	City/State and Zip Code)	_	
For further information concerning this matter, ple	rase call:		
Curtis Daniels	at (850) 510-2509		
(Name of Person)	(Area Code & Daytime Telephone Numb	er)	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLI	ES OF ORGANIZATION	- t
FLORIDA LIM	FOR TITED LIABILITY COMPANY	03 NO SECR
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	03 NOV 20 AH SECRETARY OF ALLAHASSEE I
Wakulla Carpet Brokers LLC		- 5° = -
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
53 P. A. Sanders Rd		
Sopchoppy FL 32358	SAME	
ARTICLE III - Registered Agent, Registered and the Florida street address		Signature:
Curtis Daniels		
	Name	
53 P. A. Sanders Rd		
Florida street add	dress (P.O. Box <u>NQT</u> acceptable)	

Sopchoppy FLORIDA 32358 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, 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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	03 N
MGR	Curtis Daniels 53 P. A. Sanders Rd Sopchoppy FL 32358	03 NOV 20 AH II:
	D.F.	- <u></u>
(Use attachment if necessary)		- - -
(OSC 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.)

Curtis Daniels

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)

Wakuila Carpet Brokers LLC

ARTICLE V Effective Date

January 1, 2004

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