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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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EFFECTIVE DATE

1-1-2004

11/20/03--01043--007 **125.00

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03 NOV 20 AM 9:08

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER SHEET

JAMES A. MACEDONIA

SIDING BY MACE, LLC

1093 A1A BEACH BLVD. PMB 364

ST. AUGUSTINE, FL 32080

(904)471-6489

EFFECTIVE DATE

1-1-2004

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE

1-1-2004

SUBJECT: SIDING BY MACE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James A Macedonia
(Name of Person)

SIDING BY MACE, LLC
(Firm/Company)

1093 A1A Beach Blvd. PMB 364
(Address)

St. Augustine Beach, Fl. 32080
(City/State and Zip Code)

For further information concerning this matter, please call:

James A Macedonia at (904) 471-6489
(Name of Person) (Area Code & Daytime Telephone Number)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIDING BY MACE, LLC

EFFECTIVE DATE

1-1-2004

ARTICLE II - Address:

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

Principal Office Address:

SIDING BY MACE, LLC

1093 A1A Beach Blvd PMB 364

St. Augustine Beach, FL 32080

Mailing Address:

SIDING BY MACE, LLC

1093 A1A Beach Blvd PMB 364

St. Augustine Beach, FL 32080

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

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

James A Macedonia

Name

209 12th St

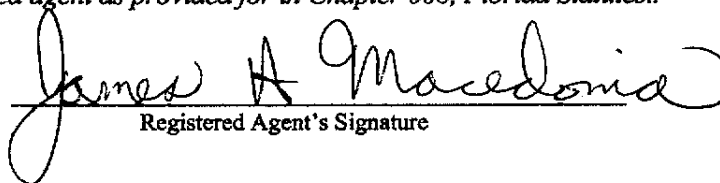
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine Beach

FLORIDA 32080-6360

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

James A Macedonia

209 12th St.

St. Augustine Beach, FL 32080-6360

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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(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.)

James A Macedonia

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)

ARTICLE V- EFFECTIVE DATE REQUESTED:

January 1, 2004

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SECRETARY of STATE
TALLAHASSEE FLORIDA