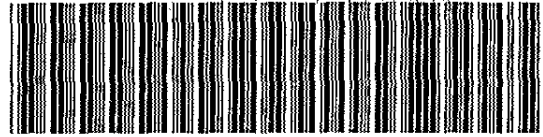


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: Swimming Pool Tile By Pam 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:

Jodi K. Mustoe, Esquire
Cox & Rouse, P.A.
240 Lookout Place
Maitland, Florida 32751

For further information concerning this matter, please call:

Jodi K. Mustoe, Esquire
(407) 644-5225

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Filing Fees Included:

\$100.00
\$ 25.00
\$ 30.00
\$ 5.00

Filing Fee for Articles of Organization
Designation of Registered Agent
Certified Copy
Certificate of Status

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being of legal age and competent to contract, for the purpose of organizing a limited liability company pursuant to the laws of the State of Florida, hereby adopt the following Articles of Organization, and hereby agree and certify as follows:

ARTICLE I

The name of the Limited Liability Company is:

SWIMMING POOL TILE BY PAM LLC

ARTICLE II

The principal place of business/mailing address is:

3600 Aristotle Avenue
Orlando, Florida 32826

The Managers may from time to time designate such other address and place of the principal office of this Limited Liability Company as it may see fit without amendment of these Articles of Organization.

ARTICLE III

The initial registered address of this Limited Liability Company and the initial registered agent of the Limited Liability Company shall be:

Jodi K. Mustoe, Esquire
Cox & Rouse, P.A.
240 Lookout Place
Maitland, Florida 32751

The Limited Liability Company may change its registered agent or the location of its registered office, or both, from time to time without amendment of these Articles of Organization.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

The name and address of each Manager or Managing Member, all of whom will hold no less than ten percent (10%) ownership of this limited liability company, is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Pamela Wiggins 3600 Aristotle Avenue Orlando, Florida 32826
MGRM	Jack Wiggins 3600 Aristotle Avenue Orlando, Florida 32826
MGRM	Robert Crews 3600 Aristotle Avenue Orlando, Florida 32826

ARTICLE V

This Limited Liability Company shall commence existence on November 19, 2003, and shall have perpetual existence unless sooner dissolved according to law.

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.

Pamela Wiggins
Name of signee