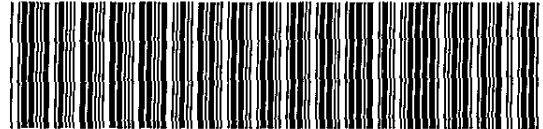


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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

TRANSMITTAL LETTER

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TO: Registration Section  
Division of Corporations

03 NOV 26 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: GARAGE STORAGE CABINETS OF TALLAHASSEE L.L.C.  
(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:

MARK W. HEODAEUS  
(Name of Person)

GARAGE STORAGE CABINETS OF TALLAHASSEE L.L.C.  
(Firm/Company)

4574 MILLWOOD LANE  
(Address)

TALLAHASSEE FL 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARK W. HEODAEUS at (850) 894-4894  
(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

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

03 NOV 26 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GARAGE STORAGE CABINETS OF TALLAHASSEE L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

4574 MILLWOOD LANE  
TALLAHASSEE, FL  
32312

**Mailing Address:**

4574 MILLWOOD LANE  
TALLAHASSEE, FL  
32312

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

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

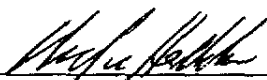
**EFFECTIVE DATE**  
1-1-04

MARK W. HEDDAEUS  
Name

4574 MILLWOOD LANE  
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FLORIDA 32312  
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

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03 NOV 26 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

MARK W. HEDDAEUS  
4574 MILLWOOD LANE  
TALLAHASSEE FL. 32312

(Use attachment if necessary)

*Article II EFFECTIVE Date of this L.L.C. is 1/1/04*

**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.)

MARK W. HEDDAEUS  
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)