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TALLAHASSEE, FLORIDA

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Miss

LAW OFFICES
AMARI & THERIAC, P.A.

Attorneys and Counselors At Law

Reply to: Cocoa Post Office Box

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November 24, 2003

Secretary of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

SUBJECT: CLASSIC KITCHENS 1972, LLC

Dear Sir or Madam:

Enclosed is the original and one (1) copy of the Articles of Organization for the above proposed Florida Limited Liability Company, together with my check in the amount of \$155.00, for payment of the filing fees. Please file the enclosed Articles and return a certified copy to me. Thank you for your assistance in this matter.

Sincerely,



Mitchell S. Goldman

MSG:kep
Enclosures

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classic Kitchens 1972, 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:

Mitchell S. Goldman, Esq.
(Name of Person)

Amari & Theriac, P.A.
(Firm/Company)

96 Willard Street, Suite 302
(Address)

Cocoa, Florida 32922
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mitchell S. Goldman at (321) 639-1320
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Classic Kitchens 1972, LLC

ARTICLE II - Address:

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

Principal Office Address:

1615 Sue Drive

Cocoa, Florida 32922

Mailing Address:

1615 Sue Drive

Cocoa, Florida 32922

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

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

David A. Martin

Name

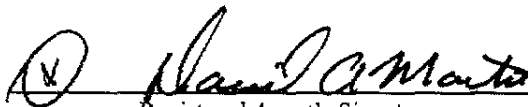
1615 Sue Drive

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

Cocoa, FLORIDA 32922

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

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

David A. Martin

1615 Sue Drive

Cocoa, Florida 32922

MGRM

Steven L. Martin

1615 Sue Drive

Cocoa, Florida 32922

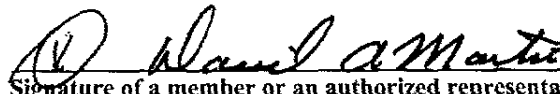
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TALLAHASSEE, FLORIDA

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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.)

David A. Martin

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)