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To:

Olvision of Corporations

Fax Number

: (850)205-0383

From:

Account Name : PARCORP SERVICES, LTD.

Account Number: 119990000011
Phone: (800)603-2533
Fax Number: (800)398-0461

TARY OF TAIL

LIMITED LIABILITY COMPANY

BLACK & WIGGINS DRYWALL SERVICES LTD. CO.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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12/8/03 11:08 AM

Fax Audit No. (((H03000331287 3)))
STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
BLACK & WIGGINS DRYWALL SERVICES LTD. CO.

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK & WIGGINS DRYWALL SERVICES LTD. CO.

ARTICLE II - Address:

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

18002 HANNA ROAD, LUTZ, FL 33549

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

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

LAWRENCE HAROLD BLACK

Name

566 5TH AVENUE NORTH

Florida street address (P.O. Box NOT ACCEPTABLE)

SAFETY HARBOR, FL 34695

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 the production as registered agent as provided for in 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

💥 The Limited Liability Company is to be managed by one manager or more managers and is therefore, a

manager - managed company.

Signature of a member or 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 L. SURINA

Typed or Printed name of signec

Preparer Info:

Parcorp Services, Ltd. / David L. Surina

931 W. 75th Street, Ste. 137-317, Naperville, IL 60565 / (800) 603-2533

Fax Audit No. (((H03000331287 3))

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Fax Andit No. (((H 03000331287 3)))

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

BLACK & WIGGINS DRYWALL SERVICES LTD. CO.

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

LAWRENCE HAROLD BLACK Name 566 5TH AVENUE NORTH Florida street address (P.O. Box NOT ACCEPTABLE) SAFETY HARBOR, FL 34695

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, F.S.

Registered Agent LAWRENCE HAROLD BLACK

Fax Audit No. (((H03000331287 3))