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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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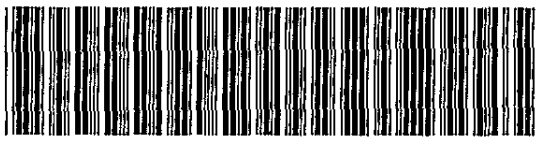

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: KEVIN SMYLY TILE 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:

JAME KEVIN SMYLY
(Name of Person)

KEVIN SMYLY TILE
(Firm/Company)

13893 N. MERIDIAN Rd.
(Address)

TALLAHASSEE, FLA. 32312
(City/State and Zip Code)

For further information concerning this matter, please call:

KEVIN SMYLY at (850) 570-3555
(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

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ARTICLE I - Name:
The name of the Limited Liability Company is: KEVIN Smyly T1 LLC

13893 N. MERIDIAN Rd.
TALLAHASEE, Fla. 32312

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: **Mailing Address:**

13893 N. MERIDIAN Rd
TALLAHASSEE Fla. 32312

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

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

KEVIN Smyly
Name

13893 N. MERIDIAN Rd.
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 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, F.S..

[signature]
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Kevin Smyly 13893 N Meridian Rd Tall, Fla. 32312
MGRM	Daniel Preston 46 Live Oak Ln. Crawfordville Fla. 32327
MGRM	Jeffrey Bradley 1223 Cross Creek Cr. Tallahassee Fla. 32301

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

ARTICAL 5
EFFECTIVE DATE
1-1-2004

James Kevin Smyly
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 KEVIN Smyly
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)