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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

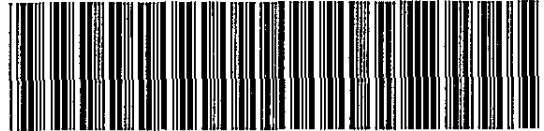
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLINTON H. SMITH PLUMBING SERVICE 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:

CLINTON H. SMITH
(Name of Person)

CLINTON H. SMITH PLUMBING SERVICE
(Firm/Company)

1205 RICHMOND STREET
(Address)

TALLAHASSEE FLORIDA 32304
(City/State and Zip Code)

For further information concerning this matter, please call:

Call when ready 567-0997

CLINTON H. SMITH at (850) 224-9592
(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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SECURITY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CLINTON H. SMITH PLUMBING SERVICE
"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:

1205 RICHMOND STREET
TALLAHASSEE FLORIDA

Mailing Address:

1205 RICHMOND STREET
TALLAHASSEE FLORIDA

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

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

CLINTON H. SMITH
Name

1205 RICHMOND STREET
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL. 32304
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..

Clinton H. Smith
Registered Agent's Signature

(CONTINUED)

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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:

MANAGER

CLINTON H SMITH
1205 RICHMOND STREET
TALLAHASSEE FLORIDA 32304

(Use attachment if necessary)

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

ARTICLE V DECEMBER 12, 2003

REQUIRED SIGNATURE:

Clinton H. Smith
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.)

CLINTON H. SMITH
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 DEC 12 AM 9:40

FILED

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)