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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

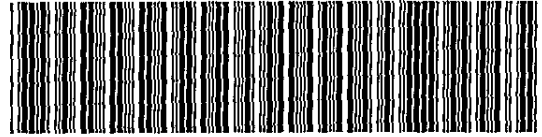
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T+D Carpentry 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:

Mr. Tommy Masline
(Name of Person)

T+D. Carpentry L.L.C.
(Firm/Company)

1886 Breckenridge Blvd.
(Address)

Middleburg, FL 32068
(City/State and Zip Code)

For further information concerning this matter, please call:

Tommy Masline at (904) 278-4874
(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:

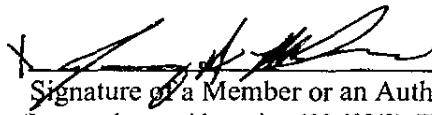
T+D Carpentry

SECOND: The date on which and the jurisdiction in which the unincorporated business was first created or otherwise came into being are:

- A. Date: 9/9/2002
- B. Jurisdiction: Florida
- C. If different from the above noted jurisdiction, the jurisdiction immediately prior to its conversion: NA

THIRD: The name of the limited liability company as set forth in the attached articles organization is:

T+D Carpentry L.L.C.



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.)

Tommy Masline
Typed or Printed Name of Signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEES:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Filing Fee for Registered Agent Designation
- \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

T.D. Carpentry 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:

1886 Breckenridge Blvd.
Middleburg, FL 32068

Mailing Address:

1886 Breckenridge Blvd.
Middleburg, FL 32068

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Tommy Masline
Name

1886 Breckenridge Blvd.
Florida street address (P.O. Box NOT acceptable)

Middleburg, FL FLORIDA 32068
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:

MGR

Tommy Masline
1886 Breckenridge Blvd.
Middleburg, FL 32068

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

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.)

Tommy Masline
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)

2003-2004 OCCUPATIONAL LICENSE TAX NEW OR RENEWAL APPLICATION

MIKE HOGAN, TAX COLLECTOR

CITY OF JACKSONVILLE / COUNTY OF DUVAL, FLORIDA
 PHONE: (904)630-2080/FAX: (904)630-1432

ACCOUNT NUMBER: 166843-0000-3
 LOCATION ADDRESS:

RETURN ADDRESS
 231 EAST FORSYTH ST. ROOM 130
 JACKSONVILLE, FL 32202-3369

DESCRIPTION: CONTRACTOR, ALL TYPES

MASLINE, TOMMY ARNEZ
 1886 BRECKENRIDGE BV
 MIDDLEBURG, FL 32088

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Renewal

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TAX DUE BASED ON PREVIOUS YEAR

	Sep 30	Oct-10% Pen	Nov-15% Pen	Dec-20% Pen	Jan-25% Pen
COUNTY TAX (CC - 770.307-001)	\$11.25	\$12.38	\$12.94	\$13.50	\$14.06
MUNICIPAL TAX (MC - 772.309)	\$36.25	\$39.88	\$41.69	\$43.50	\$45.31
Total Due	\$47.50	\$52.26	\$54.63	\$57.00	\$59.37

- PLEASE SEE THE BACK OF THIS APPLICATION TO MAKE ANY ADDRESS CORRECTIONS. IF APPLICABLE, STUDY THE TAX RATE CHART AND MAKE ANY TAX RATE ADJUSTMENTS FOR THIS YEAR'S BUSINESS.
- ACCORDING TO ORDINANCE 89-1055-516, THE TAX COLLECTOR IS AUTHORIZED TO WITHHOLD ISSUANCE OF AN OCCUPATIONAL LICENSE FOR UNPAID OR DELINQUENT TANGIBLE PERSONAL PROPERTY TAXES.
- IF APPLICABLE, A PHOTOSTATIC COPY OF YOUR STATE LICENSE IS REQUIRED BEFORE AN OCCUPATIONAL LICENSE MAY BE ISSUED WITHIN THE COUNTY OF DUVAL.
- PLEASE ALLOW 5 TO 7 WORKING DAYS FOR YOUR APPLICATION TO BE PROCESSED. ONCE PROCESSED YOUR OCCUPATIONAL LICENSE WILL BE AUTOMATICALLY MAILED TO YOU.

EMPLOYEE BASED TAX

COUNTY TAX

1-10 Employees \$11.25	11-20 Employees \$22.50	21-30 Employees \$33.75	31-40 Employees \$45.00	41-50 Employees \$56.25
51-100 Employees \$187.50	101-150 Employees \$281.25	151-200 Employees \$375.00	Over 200 Employees \$468.75	

MUNICIPAL TAX

Number of Employees	Tax	Number of Employees	Tax	Number of Employees	Tax	Number of Employees	Tax
1	\$31.25	31	\$181.25	61	\$331.25	91	\$481.25
2	\$36.25	32	\$186.25	62	\$336.25	92	\$486.25
3	\$41.25	33	\$191.25	63	\$341.25	93	\$491.25
4	\$46.25	34	\$196.25	64	\$346.25	94	\$496.25
5	\$51.25	35	\$201.25	65	\$351.25	95	\$501.25
6	\$56.25	36	\$206.25	66	\$356.25	96	\$506.25
7	\$61.25	37	\$211.25	67	\$361.25	97	\$511.25
8	\$66.25	38	\$216.25	68	\$366.25	98	\$516.25
9	\$71.25	39	\$221.25	69	\$371.25	99	\$521.25
10	\$76.25	40	\$226.25	70	\$376.25	100	\$526.25
11	\$81.25	41	\$231.25	71	\$381.25	101	\$531.25
12	\$86.25	42	\$236.25	72	\$386.25	102	\$536.25
13	\$91.25	43	\$241.25	73	\$391.25	103	\$541.25
14	\$96.25	44	\$246.25	74	\$396.25	104	\$546.25
15	\$101.25	45	\$251.25	75	\$401.25	105	\$551.25
16	\$106.25	46	\$256.25	76	\$406.25	106	\$556.25
17	\$111.25	47	\$261.25	77	\$411.25	107	\$561.25
18	\$116.25	48	\$266.25	78	\$416.25	108	\$566.25
19	\$121.25	49	\$271.25	79	\$421.25	109	\$571.25
20	\$126.25	50	\$276.25	80	\$426.25	110	\$576.25
21	\$131.25	51	\$281.25	81	\$431.25	111	\$581.25
22	\$136.25	52	\$286.25	82	\$436.25	112	\$586.25
23	\$141.25	53	\$291.25	83	\$441.25	113	\$591.25
24	\$146.25	54	\$296.25	84	\$446.25	114	\$596.25
25	\$151.25	55	\$301.25	85	\$451.25	115	\$601.25
26	\$156.25	56	\$306.25	86	\$456.25	116	\$606.25
27	\$161.25	57	\$311.25	87	\$461.25	117	\$611.25
28	\$166.25	58	\$316.25	88	\$466.25	118	\$616.25
29	\$171.25	59	\$321.25	89	\$471.25	119	\$621.25
30	\$176.25	60	\$326.25	90	\$476.25	120	\$626.25

ADD \$5.00 PER PERSON UP TO A MAXIMUM OF 201 PERSONS

MAXIMUM AMOUNT OF \$1031.25 LICENSE TAX

ATTENTION

YOUR BUSINESS IS SUBJECT TO RANDOM INSPECTION BY TAX COLLECTOR FIELD INSPECTORS.

2002-2003 OCCUPATIONAL LICENSE TAX

LYNWOOD ROBERTS

OFFICE OF THE TAX COLLECTOR

CITY OF JACKSONVILLE and/or COUNTY OF DUVAL, FLORIDA

231 EAST FORSYTH STREET ROOM 130, JACKSONVILLE, FL 32202 PHONE: (904)630-2080 FAX: (904)630-1432
Note - A penalty is imposed for failure to keep this license exhibited conspicuously at your establishment or place of business.
This license is furnished in pursuance of chapter 770-772 City ordinance codes.

MASLINE, TOMMY ARNEZ
1886 BRECKENRIDGE BV
MIDDLEBURG, FL 32088

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ACCOUNT NUMBER: 166643-0000-3

LOCATION ADDRESS:

DESCRIPTION: CONTRACTOR, ALL TYPES

County License Code: 770.307-001
Municipal License Code: 772.309

County Tax: \$11.25
Municipal Tax: \$36.25
Total Tax Paid: \$47.50

VALID FROM OCTOBER 1, 2002 TO SEPTEMBER 30, 2003

RCPT# : 001/63/9114/0015/09102002 DATE: 9/09/2002 AMT: \$47.50

ATTENTION

The Following Construction Contractors Require Additional Licensure

ALARM
RESIDENTIAL
ELECTRICAL
MECHANICAL
GENERAL
UNDERGROUND UTILITY
REFRIGERATION

POOL
BUILDING
SHEET METAL
PLUMBING
CARPENTRY
HEATING

ALUMINUM/VINYL
ROOFING
SOLAR
IRRIGATION
WATER TREATMENT
AIR CONDITIONING

This is an occupational license tax only. It does not permit the licensee to violate any existing regulatory or zoning laws of the County or City. Nor does it exempt the licensee from any other license or permit required by law. This is not a certification of the licensee's qualification.



TAX COLLECTOR

THIS BECOMES A RECEIPT AFTER VALIDATION

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law .

EFFECTIVE	06/06/2003	EXPIRATION DATE	06/05/2005
PERSON	MASLINE	TOMMY	
SSN	265-63-0596		
FEIN	265630596		
BUSINESS	T & D CARPENTRY 1886 BRECKENRIDGE BLVD MIDDLEBURG	FL	32068

NOTE: Pursuant to Chapter 440.10(1), (g), 2, F.S., a sole proprietor, partner, or an officer of a corporation who elects exemption from the Florida Workers' Compensation Law may not recover benefits or compensation under Chapter 440.