

L03000053050

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(City/State/Zip/Phone #)

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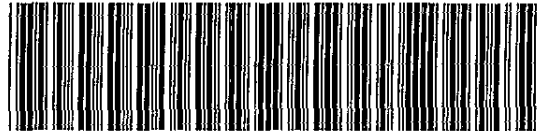
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Acknowledgement

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W. P. Verifier

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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOME IMPROVEMENTS LIMITED
(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:

JOSEPH J. BACHMANN
(Name of Person)

HOME IMPROVEMENTS LIMITED
(Firm/Company)

4060 ORION WAY
(Address)

ROCKLEDGE, FLORIDA 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH BACHMANN at (321) 626-1254
(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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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 4, 2003

JOSEPH J. BACHMANN
HOME IMPROVEMENT LIMITED
4060 ORION WAY
ROCKLEDGE, FL 32955

SUBJECT: HOME IMPROVEMENT LIMITED
Ref. Number: W03000036515

We have received your document for HOME IMPROVEMENT LIMITED and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 403A00065286

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

ARTICLE I - Name:

The name of the Limited Liability Company is: HOME IMPROVEMENTS 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:

4060 ORION WAY, ROCKLEDGE FL. 32955

Mailing Address:

SAME AS

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

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

JOSEPH J. BACHMANN

Name

4060 ORION WAY

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

ROCKLEDGE FLORIDA 32955

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

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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

N / A

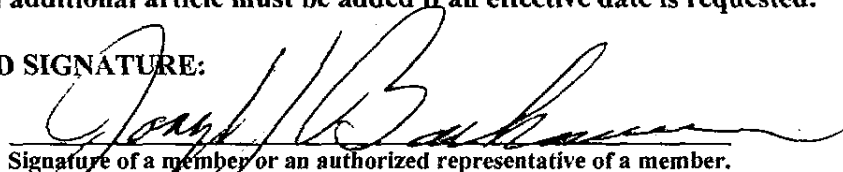
Name and Address:

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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.)

JOSEPH J. BACHMANN
Typed or printed name of signer

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ ~~\$ 50.00 Certified Copy (Optional)~~
- ✓ \$ 5.00 Certificate of Status (Optional)

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