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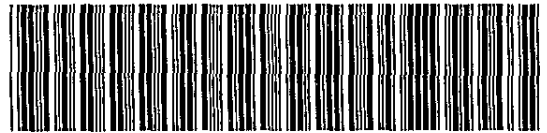
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OSBORNE WALKER O'QUINN, P.A.

ATTORNEY AT LAW

TELEPHONE (772) 464-6252
Toll-free 1-888-802-0467
FAX (772) 464-9329

112 ORANGE AVENUE
FORT PIERCE, FLORIDA 34950

15,
December 9, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dennis R. Trefelner Carpentry, L.L.C.

To Whom It May Concern:

Enclosed please find the original Articles of Organization for Dennis R. Trefelner Carpentry, L.L.C. for filing.

Also enclosed please find my check payable to the Florida Department of State in the amount of \$125.00 to cover the filing fee and Designation of Resident Agent.

If you have any questions, please call me.

Yours very truly,



OSBORNE WALKER O'QUINN

OWO/db
Enclosures

**ARTICLES OF ORGANIZATION OF A
LIMITED LIABILITY COMPANY**

Pursuant to Section 608.407, Florida Statutes, the undersigned hereby files the Articles of Organization of a Limited Liability Company by stating:

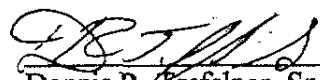
ARTICLE I. The name of the Limited Liability Company shall be DENNIS R. TREFELNER CARPENTRY, L.L.C..

ARTICLE II. The mailing address and street address of the principal office shall be 1450 Copenhaver Road, Fort Pierce, FL 34945.

ARTICLE III. DENNIS R. TREFELNER, SR., 1450 Copenhaver Road, Fort Pierce, Florida, 34945, shall be the registered agent.

ARTICLE IV. The name and address of the managing member shall be DENNIS R. TREFELNER, SR., 1450 Copenhaver Road, Fort Pierce, Florida, 34945.

ARTICLE V. The effective date of this Limited Liability Company shall be the date of the filing with the Secretary of State, State of Florida.


Dennis R. Trefelner, Sr.

CERTIFICATE OF REGISTERED AGENT

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.

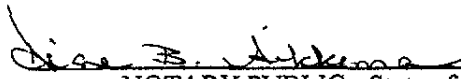

Dennis R. Trefelner, Sr.

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03 DEC 17 AM 11:10
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF ST. LUCIE

BEFORE ME, the undersigned officer, this day personally appeared DENNIS R. TREFELNER, SR.,
(☒) who is personally known to me or () who produced the following identification: FL DL#
_____ and after being duly sworn, says that he has read the foregoing and is signing same
intending to be bound by the terms thereof.

WITNESS my hand and official seal on this 8th day of December, 2003.


NOTARY PUBLIC - State of Florida at Large

