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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	-
SUBJECT: Keu's Home ImProvement	, ф
(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:	
Renneth Andrews (Name of Person)	- ·:
Ken's Home Improvement	DI JAN 16
(Time Company)	一方
11 ELOISE CIRCLE	3
ORMOND Beach, FC. 37176 (City/State and Zip Code)	9: 13
For further information concerning this matter, please call:	
Kenneth Andrews at 386 441-4084 (Name of Person) (Area Code & Daytime Telephone Number)	
(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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 31, 2003

KENNETH ANDREWS KEN'S HOME IMPROVEMENT 11 ELOISE CIRCLE ORMOND BEACH, FL 32176

SUBJECT: KEN'S HOME IMPROVEMENT

Ref. Number: W03000039839

We have received your document for KEN'S HOME IMPROVEMENT and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must add the name to your application. I took the name off of your cover letter.

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: 203A00069407

ARTICLE II - Name: The name of the Limited Liability Company is: Men's Hinne Improversed, ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Mailing Address: PO Box 4003 DR FC. 32/75 32/76 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Kenneth Anderws Name 11 E Loise Circle Florida street address (P.O. Box NOT acceptable)

ARTICLES OF ORGANIZATION FOR FLÖRIDA LIMITED LIABILITY COMPANY

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..

Registered Agent's Signature

ORMOND FL 32176
City, State, and Zip

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	Name and Address.
maRM	Kenneth ANDREWS
	P
	<u> </u>
(Use attachment if necessary)	9. 9.
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	en e
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)

Filing Fees:

Typed or printed name of signee

Filing Fees: \$100.00 Filing Fee for Articles of Organization

14 1 4 W

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)