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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W04-4532				

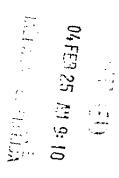
Office Use Only



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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations					
SUBJE	CT: Vic's Roofing LLC (Name of Limited Liability Company)					
The enc	losed Articles of Organization and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:					
	(Name of Person)					
	Vic's Roofing, LLC (Firm/Company)					
_	16600 SE 45" St.					
(Address)						
	Summerfield, FL, 34491 (City/State and Zip Code)					
For furt	her information concerning this matter, please call:					
	Victor Faignant at 352 307-1163 (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

February 16, 2004

VIC FAIGNANT VIC'S ROOFING, LLC 16600 SE 45TH ST. SUMMERFIELD, FL 34491

SUBJECT: VIC'S ROOFING, LLC Ref. Number: W04000006532

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

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6917.

Gretchen Harvey Document Specialist Supervisor

Letter Number: 204A00010416

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Vics Roofing LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16600 SE 45th Ct.	same
Summerfield, Fl.	
34491	
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered VICTOY Faig Name 1660 St. 45th Ct. Florida street address (P.O. Box NO. City, State, and Zip	nant 25

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

Page 1 of 2 (CONTINUED)

Tida		Mana and A. J.J.
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	er N/A	Name and Address:
		
(Use attachment if necessary)		
NOTE: An additional articl	le must be s	ndded if an effective date is requested.
REQUIRED SIGNATURE:		_
Wit	L 5	tarment
Signature of a mem	iber or an au	thorized representative of a member.
(In accordance with of this document corthat the facts stated	nstitutes an afi	08(3), Florida Statutes, the execution firmation under the penalties of perjury
	OK E	Gignan ted 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)