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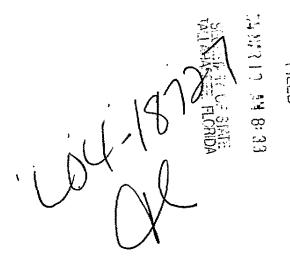
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 12, 2004

RANDY HILL 6727 OAKSHAWEN DRIVE YOUNGSTOWN, FL 32466

SUBJECT: RANDY HILL POOL SERVICES, L.L.C.

Ref. Number: W04000006071

We have received your document for RANDY HILL POOL SERVICES, L.L.C. and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 504A0000969

HAR IO M 8: 3

Division of Corporations DO ROY 6227 Tallahassas Florida 22214

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Randy Hill Pool Services, LLC. (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:
Randy Hill (Name of Person)
Randy Hill Pool Services, LL.C.
6727 Oakshawen Drive
(Address)
Vounastown, Fl 32466 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Randy 4411 at (850) 722 - 8358 (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
	vices, I.L.C.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10727 Oakshawen Dr.	same
Youngstown FI	
32464	
ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registere Randy Will Name 672 Oakshaw Florida street address (P.O. Box No.	d agent are: FILED FILED FILED AND AN 8: 33
Loungstown FL City, State, and Zip	ORIDA 32466

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)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
HGR.	Randy Hill		
	Joungstown, Fl 32460	6	
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(Use attachment if necessary)		OL HAR	
	AT AT	₹ -	
NOTE: An additional article must be a	added if an effective date is requested.	<u> </u>	
REQUIRED SIGNATURE:	STATE STATE	8: 33	-
Signature of a member or an au	thorized representative of a member.	es F	٠
(In accordance with section 608.4 of this document constitutes an af	08(3), Florida Statutes, the execution firmation under the penalties of perjury		

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)