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To:

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

### LIMITED LIABILITY COMPANY

#### Do-All Drywall and Repair LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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3/24/04

## ARTICLES OF ORGANIZATION

# FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

Do-All Drywall and Repair, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing	Address:			
430 Herron Road		430 Herron Road			
N. Ft. Myers, FL 33903	N. Ft.	Myers, FL 33903			<del></del>
ARTICLE III - Registered Agent	Registered Office & Re	oistered Agent's Signatur	SEGNETE	04 Min 24	
The name and Florida street address of the	•	Signored 1180mr p Oxeveror	THE.		
	Duane R. Parker		10 12 13 14	7.E	
_	Name	:			
	430 Herron Road				
<del>-</del>	(P.O. Box or Mail Drop B	ox NOT Acceptable)			•
	N. Ft. Myers, FL 33903				
_	(City / State /	Zip)			
Having been named as registered agen at the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with an Chapter 608, F.S.	te, I hereby accept the appoint the provisions of all statutes	tment as registered agent an relating to the proper and c	d agree omplete	to act perfo	t in this ormance

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Registered Agent's Signature - Duane R. Parker

Title: "MGR"=Manager "MGRM"=Managing Member	anager or Managing Member is as follows:  Name and Address:
MGRM	Duane R. Parker ~ 430 Herron Road, N. Ft. Myers, FL 33903
(Use attachment if necessary)  REQUIRED SIGNATURE:	
( In accordocument	dance with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts ein are true.)

Duane R. Parker

Typed or printed name of signee