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LIMITED LIABILITY COMPANY

Team Home Services LLC

Certificate of Status	0
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FAX AUDIT # 4040000640673

**ARTICLES OF ORGANIZATION
OF
Team Home Services LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Team Home Services LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 36108 Fendley Circle, Dade City, Florida 33523.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: William Doak, 36108 Fendley Circle, Dade City, Florida 33523. Located in the County of Hernando.

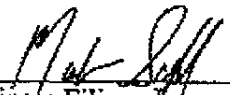
ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

William Doak, 36108 Fendley Circle, Dade City, Florida 33523


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Team Home Services LLC**

The name and address of the registered agent and office is: William Doak, 36108 Fendley
Circle, Dade City, Florida 33523. Located in the County of Hernando.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: _____

W D Doak President
William Doak

Date: March 17, 2004

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