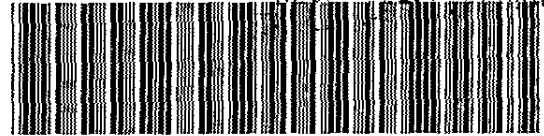


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2004 MAR 22 P 12: 24

SECRETARY OF STATE
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 MAR 22 P 12: 24

SUBJECT: Gary Schworer Carpentry
(Name of Limited Liability Company)

L. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Schworer
(Name of Person)

Gary Schworer Carpentry L.L.C.
(Firm/Company)

812 Palmetto St
(Address)

New Smyrna Bch FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Schworer at (386) 424-0114
(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

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED

2004 MAR 22 P 12: 24

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Gary Schworer CARPENTRY L.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:

812 Palmetto street
NEW SMYRNA BCH FL
32168

812 Palmetto Street
NEW SMYRNA BCH FL
32168

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

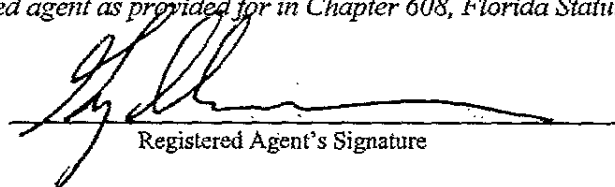
The name and the Florida street address of the registered agent are:

Gary Schworer
Name

812 Palmetto Street
Florida street address (P.O. Box **NOT** acceptable)

NEW SMYRNA BCH FLORIDA 32168
City, State, and Zip

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

FILE

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

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

2004 MAR 22 P

SECRETARY OF S
TALLAHASSEE, FL

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

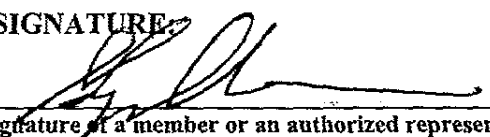
MGR

Gary Schwoerer
812 Palmetto Street
NEW SMYRNA BCH FL 32168

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Gary Schwoerer
Typed or printed name of signer

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)