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Home Repair, LLC

Certificate of Status	0
Certified Copy	0
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MAR-31-2004 WED 08:57 PM AIL/RAL/RALS

RALS FAX NO. 3024215753 H040000691203

ARTICLES OF ORGANIZATION

Article I. Name

The name of this Florida Limited Liability Company is: Home Repair, LLC

Article II. Address

The Company's street and mailing address is: 2520 Rogero Rd Iacksonville, FL 32277

Article III. Registered Agent

The name and Street Address of the Company's registered agent is:

Florida Filing & Search Services, Inc. 1333 North Duval Street Tallahassee, FL 32302 3-3-10

Article IV. Transferability of Membership Interests

No members shall have the right to assign their membership interests in the Company without the written agreement of all of the membership interests, unless otherwise provided in the Company's Operating Agreement. If the assignment is not approved by all of the membership interests, the assignee shall have no right to become a member, to participate in the management of the Company, or to exercise any other rights or powers of a member. The assignee shall merely be entitled to receive the share of profits and other distributions and the allocation of income, gain, loss deduction, credit or similar item to which the assignor was entitled, to the extent assigned.

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Article V. Management

This will be a member-managed company. The name of each member is:

Charles Mitchell 2520 Rogero Rd Jacksonville, FL 32277

Article VI. Company Existence

The Company's existence shall begin effective as of March 31, 2004.

The undersigned authorized representative of a member executed these Articles of Organization on March 31, 2004.

Nibole Saunders

Authorized Representative

SEURETARY OF STATE

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FLORIDA FILING

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FAX NO. 3024215753

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/OFFICE

LIMITED LIABLITY COMPANY: Home Repair, LLC

REGISTERED AGENT/OFFICE
Florida Filing & Search Services, Inc.
1333 North Duval Street
Tallahassee, FL 32302

I agree to act as registered agent to accept service of process for the Limited Liability Company named above at the place designated in this Certificate. I agree to comply with the provisions for all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

Date: 03/31/04

SECRETARY OF STATE
TALL AHASSEE, FLORIT

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