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Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247

Phone : (305) 674-3313

Fax Number : (305) 675-2811

LIMITED LIABILITY COMPANY

Mike Sisk Home Improvements, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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04 APR 12 PM 12:09
DIVISION OF CORPORATIONS
RECEIVED

Handwritten signature/initials

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

Mike Sisk Home Improvements, LLC

ARTICLE II: Address

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

1160 Windmill Grove Circle

Orlando, Florida 32828

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Michael Sisk

1160 Windmill Grove Circle

Orlando, Florida 32828

Having been named as registered agent 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, F.S.



Michael Sisk / Registered Agent's Signature

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PAGE 2 Mike Sisk Home Improvements, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER

Michael Sisk

1160 Windmill Grove Circle

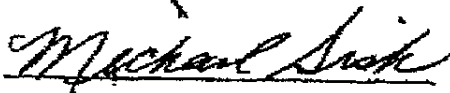
Orlando , Florida 32828

MANAGING MEMBER

Evelyn Sisk

1160 Windmill Grove Circle

Orlando , Florida 32828



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.)

Michael Sisk

Typed or printed name of signee

OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 12 AM 9:00

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