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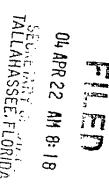
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 13, 2004

KEVIN PEJDA 3369 LAUREL DRIVE GULF BREEZE, FL 32563

SUBJECT: KEVIN REJDA CARPENTRY LLC

Ref. Number: W04000014317



We have received your document for KEVIN REJDA CARPENTRY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 6, 2004. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 804A00024277

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: KEVIN REJDA CARPENTRY LLG (Name of Limited Liability Company)
(Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEVIN REJDA 5 00 00 00 00 00 00 00 00 00 00 00 00 0
(Name of Person)
KEVIN REJDA CARPENTRY, LLC
(Firm/Company)
3369 LAUREL DRIVE
(Address)
GIVLF BREEZE, FL 32563
(City/State and Zip Code)
For further information concerning this matter, please call:
KEVIN REJDA =1,850, 293-4143
(Marie of Percan) (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

ARTICLE I - Name: The name of the Limited Liability Company is: KEVIN REJDA CARPENTRY ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 3369 Laurel Dr. Gulf Breeze, Florida 32563 32563

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

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

Name

3369 Laurel Dr.

Florida street address (P.O. Box NOT acceptable)

Gulf Breeze

FLORIDA 52563

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

Page 1 of 2 (CONTINUED)

Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.) J REJDA

Typed or printed name of signee

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

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

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)