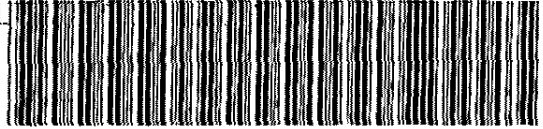


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2004 MAY 11 P 4: 11

SECRETARY OF STATE
TALL



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

2004 MAY 11 P 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 30, 2004

OLGA OLMOS
4316 SCOTT DR.
BARTOW, FL 33830

SUBJECT: OLGA OLMOS DRY WALL L.L.C.
Ref. Number: W04000004188

We have received your document for OLGA OLMOS DRY WALL L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 304A00006568

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Olga Olmos Dry
(Name of Limited Liability Company)

2004 MAY 11 4:11
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:

Olga Olmos
(Name of Person)

Olga Olmos Dry Wall LLC
(Firm/Company)

1446 4316 SCOTT DR
(Address)

Barrow FL 33830
(City/State and Zip Code)

For further information concerning this matter, please call:

Olga Olmos at (863) 293 9191
(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

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

FILED

SUBJECT: Olga Olmos Drywall LLC L2004 MAY 11 P 4:11
(Name of Limited Liability Company)

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:

Olga Olmos
(Name of Person)

Olga Olmos Drywall LLC
(Firm/Company)

4316 Scott Drive
(Address)

BARSTOW FLORIDA 33830
(City/State and Zip Code)

For further information concerning this matter, please call:

Olga Olmos at (813) 293-9191
(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Olga Olmos Drywall LLC

2004 MAY 11 P. 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

4316 Scott Drive
Bartow, Florida
33830

Mailing Address:

4316 Scott Drive
Bartow, FLA
33830

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

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

Olga Olmos
Name

4316 Scott Drive
Florida street address (P.O. Box **NOT** acceptable)

Bartow FLORIDA 33830
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..

x Olga Olmos
Registered Agent's Signature

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2004 MAY 11 P 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

OLGA Olmos
4316 SCOTT DRIVE
BARSTOW, FLORIDA 33836

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

x Olga Olmos
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.)

x Olga Olmos
Typed or printed name of signee

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)