Florida Department of State

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Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192

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LIMITED LIABILITY COMPANY

OWENS PAINTING, LLC

Certificate of Status	0
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ATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF OWENS PAINTING, LLC

The undersigned, acting as a Managing Member of Owens Painting, LLC, a Limited Liability Company under the Florida Limited Liability Company Act, adopts the following Articles of Organization for such company:

ARTICLE I - NAME: The name of this Limited Liability Company is Owens Painting, LLC.

ARTICLE II - DURATION: The period of duration of this Limited Liability Company shall be perpetual from the date of the issuance of a Certificate of Organization by the State of Florida.

ARTICLE III - PRINCIPAL OFFICE: The address of the principal office of this Limited.

Liability Company is 16267 SE 62 Place, Ocklawsha, Florida 32179, and the mailing address shall be the same.

ARTICLE IV - REGISTERED AGENT AND OFFICE: The name of the initial registered agent within Florida is LEONARD J. OWENS, and the street address is 16267 SE 62 Place, Ocklawaha, Florida 32179.

ARTICLE V - MEMBERS: This Limited Liability Company has one (1) member who is the Managing Member and whose name and address is:

· LEUNARD J. OWENS

16267 SE 62 Place Ocklawaha, Florida 32179

No additional members shall be admitted unless all members, (including any additional members other than original members) shall unanimously agree, and on such terms and conditions as shall be agreed unanimously. The death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, or the occurrence of any event which terminates the continued membership of a member of this Limited Liability Company, shall terminate this Company, unless the remaining members shall unanimously agree to continue the business of this Company, in which event, this Company shall not so terminate.

ARTICLE VI - MANAGEMENT: The management of the Company is reserved to the members of the Company, in proportion to their contributions to the capital of the Limited Liability Company. The power to adopt, alter, amend or repeal the regulations of this Limited Liability Company shall be vested in the members of the Company. The name and address of the Managing Member is:

LEONARD I. OWENS

16267 SE 62 Place Ockiawaha, Florida 32179 H04000116711

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of Organization on this 282 day of May, 2004.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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.)

LEONARDA. OWENS
Managing Member

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 Section 608.415, Florida Statutes.

(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.)

LEONARD JOWENS Managing Member

STATE OF FLORIDA)
COUNTY OF MARION)

The foregoing instrument was acknowledged before me this 28 day of _______, 2004, by Leonard J. Owens (as Managing Member) who is personally known to me or who produced ______ as identification and who did/did not take an oath.

IN WITNESS WHEREOF, I have hereunto set my hand and scal this ______ day of

My Commission Expires:

Sheril Dobek
WYCOMMOSION & DOMESTA EMPROS
DESCRIPTION 24 2007
SOURCE DAY TO MANAGE MC