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Karen & Anthony Rubba

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383
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Account Name : CLARION VENTURES, INC.
Account Number : 120030000026
Phone : (801) 721-4788
Fax Number : (801) 475-6420

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LIMITED LIABILITY COMPANY

Critics Cabinet Installation LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Critics Cabinet Installation LLC**ARTICLE II - Address:**

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

Principal Office Address:4035 Salerno AvenueSpring Hill FL, 34609**Mailing Address:**4035 Salerno AvenueSpring Hill FL, 34609**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael J. Caruso

Name

4035 Salerno AvenueFlorida street address (P.O. Box **NOT** acceptable)Spring Hill,FLORIDA 34609

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..

Michael J. Caruso
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

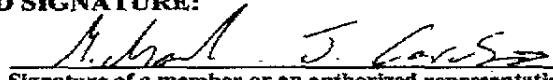
MGR

Michael J. Caruso

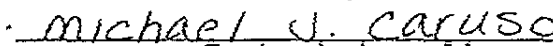
4035 Salerno Avenue

Spring Hill FL 34609

(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.)


Typed or printed name of signer**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)

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