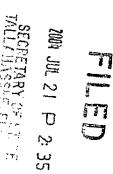
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(R	equestor's Name)	
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PICK-UP	WAIT MAIL	
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bryan Joh (Name of Lin	Non Home Services L.L.C. mited Liability Company)
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
Brya.	(Name of Person)
Bryan John	(Firm/Company)
6201 Oalla	(Address)
Pansacola	Eity/State and Zip Code)
For further information concerning this matter, plants	ease call:
Bryan Johnson	at (850) 944-8705 (Area Code & Daytime Telephone Number)
(Name of Person)	IN 84-1652165 RECREASE E
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS A SECTION OF Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Bryan Johnson Home Services L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
6201 Pallor Avenue Penvacolo Fi 32526
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:
Bryan Johnson ARM SEE TO
Florida street address (P.O. Box NOT acceptable)
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)

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Bryon Johnson Szol Delley Avenua Penjacola Fi 32526
(Use attachment if necessary)	TALLAH
NOTE: An additional article must be	e added if an effective date is requested.
(In accordance with section 608	authorized representative of a member. 3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
By.	an Jahouan inted name of signee

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

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)