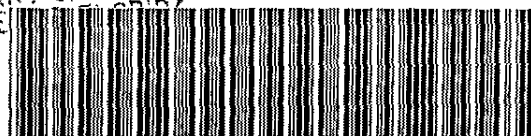


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2004 JUL 29 P 3:14

SECRETARY OF STATE,
TALLAHASSEE, FL 32310



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Affordable, Quality Carpentry, LLC
(Name of Limited Liability Company)

FILED
2004 JUL 29 P 3 14
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:

Cyndi Bontrager
(Name of Person)

(Firm/Company)

19205 Sea Mist Lane
(Address)

Lutz, FL 33558
(City/State and Zip Code)

For further information concerning this matter, please call:

Cyndi Bontrager at (813) 948-7889
(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:

Affordable, Quality Carpentry, LLC

2004 JUL 29 P 3:14
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:

19205 Sea Mist Lane

Lutz, FL 33558

Mailing Address:

19205 Sea Mist Lane

Lutz, FL 33558

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

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

Cyndi Bontrager

Name

19205 Sea Mist Lane

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

Lutz

FLORIDA 33558

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

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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2004 JUL 29 P 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Todd Bontrager

19205 Sea Mist Lane

Lutz, FL 33558

MGRM

Michael Swan

3807 Landings Way Drive, Apt. 306

Tampa, FL 33624

(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.)

Todd Bontrager

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)