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2004 SEP 29 PM 2: 10
ALLAHASSEE, FLORIDA



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

All american Masory Lec	F.E. FLORIDA
Signature Requested by: A Date Time	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record UCC 10 73 File UCC 11 Search UCC 11 Retrieval
Walk-In Will Pick Up	Courier



ARTICLE I - Name:



The name of the Limited Liability Company is:			
ALL AMERICAN MA	SONRY, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
9211 NW 13th PL	9211 NW 13th PL		
GAINESUILLE, FL 32606	GAINESUILLE, FL 3LLOG		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

ANDREW HUSTON

Name

205 SW 75th St #3)

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

GA; Nesuille, Florida 3260

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 fumiliar 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)

TOWN SER 29 PM 2: 10 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

MICHAEL S. O'LONNOR MGRM
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)