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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (877) 527-3463  
Fax Number : (305) 675-2811

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Custom Trim Pro LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Custom Trlm Pro LLC

ARTICLE II ADDRESS

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

445 Gulf Shore Dr # 7

Destin, FL 32541

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Fred Shepard

445 Gulf Shore Dr # 7

Destin, FL 32541

Having been named as registered agent 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, F.S..

*Fred Shepard*

FRED SHEPARD / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

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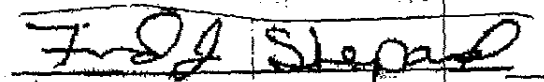
ARTICLE V MANAGERS (optional)

Manager:

Fred Shepard

445 Gulf Shore Dr

Destin, FL 32541



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.

FRED SHEPARD

Typed or printed name of signee

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