

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

Frcm:

Account Name
Account Number

: A 1 A CORPORATE SERVICES, INC.

Account Number : I20010060247 Phone : (800)494-3124

Fax Number

: (305)675-2811

LIMITED LIABILITY COMPANY

All-Ways Home Improvment L.L.C

Certificate of Status	0
Certified Copy	0
Page Count	02
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18 Oct 2004 12:44

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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: All-Ways Home Improvement L.L.C

ARTICLE II ADDRESS

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

700 Basin Drive

Kissimmee, FL 34744

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Steve Anderson

700 Basin Drive

Kissimmee, FL 34744

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..

STEVE ANDERSON /Registered Agent's Signature

ARTICLE IV MANAGEMENT

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

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ARTICLE V MEMBERS (optional)

Managing Member: Steve Anderson 700 Basin Drive Kissimmee Florida 34744

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.

STEVE ANDERSON

Typed or printed name of signee

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