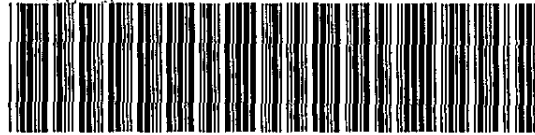


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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11/04/04--01022--014 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W04-41203

Office Use Only



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 9, 2004

TIMOTHY C. GROVE
691 CARNIVAL TERRACE
SEBASTIAN, FL 32958

SUBJECT: TIM GROVE CONSTRUCTORS L.L.C.
Ref. Number: W04000041203

We have received your document for TIM GROVE CONSTRUCTORS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 004A00064132

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Timothy C. Grove
691 Carnival Terrace
Sebastian, FL. 32958
772 589-8422
oceangroves@earthlink.net

FILED

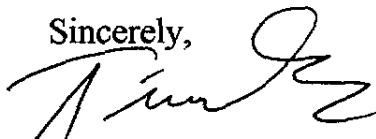
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
POBox 6327
Tallahassee, FL. 32314

To Whom It May Concern;

I am submitting this application for a Limited Liability Company. Thanks

Sincerely,



Timothy C. Grove

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOV 17 P 1:59

TIM GROVE Constructors LLC

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:

Mailing Address:

691 Carnival Ter.
Sebastian, FL.
32958

← Same

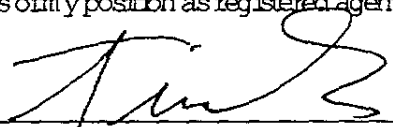
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Timothy C Grove
Name

691 Carnival Ter.
Florida street address (P.O. Box NOT acceptable)
Sebastian FL 32958
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, F.S..


Registered Agent's Signature

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Timothy Grove

Same

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STATE OF FLORIDA

(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.)

Timothy Grove

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)