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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

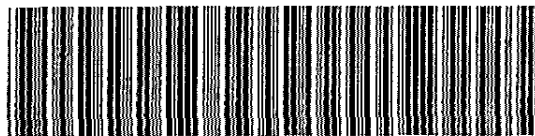
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/28

[Signature]

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

Subject: Walton Stucco, LLC
Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald J. Wood
(Name of Person)

Walton Stucco, LLC
(Firm/Company)

4999 South Highway 331
(Address)

Defuniak Springs, FL 32435
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Donald J. Wood at 850-326-6114
(Name of Person) (Area Code & Daytime Phone 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**

ARTICLE I – Name:

The name of the Limited Liability Company is: Walton Stucco, LLC

ARTICLE II – Address:

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

Principal Office Address:

4999 South Highway 331
Defuniak Springs, FL 32435

Mailing Address:

4999 South Highway 331
Defuniak Springs, FL 32435

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

Donald J. Wood
Name

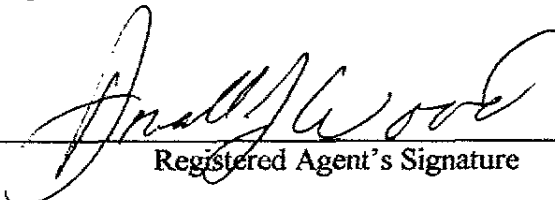
4999 South Highway 331
Florida street address (P.O. Box NOT acceptable)

Defuniak Springs, FL 32435
City, State, and Zip

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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 registered agent as provided for in Chapter 608, Florida Statutes..


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

Name and Address:

MGRM

Donald J. Wood
4999 South Highway 331
Defuniak Springs, FL 32435

MGRM

Albert A. Tipton
4999 South Highway 331
Defuniak Springs, FL 32435

MGRM

Terry L. Allen
4999 South Highway 331
Defuniak Springs, FL 32435

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.)

Donald J. Wood

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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