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Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : HUBCO
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2005 MAR 16 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Measure Once Cut Twice LLC

RECEIVED
05 MAR 16 AM 7:49
DIVISION OF CORPORATIONS

Certificate of Status	1
Certified Copy	0
Page Count	02
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LOS-26794
3/16/2005

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Measure Once Cut Twice 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:

3462 Hancock Bridge Parkway #263

3462 Hancock Bridge Parkway #263

North Fort Myers, FL 33903

North Fort Myers, FL 33903

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

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

Tim Daley

Name

3462 Hancock Bridge Parkway #263

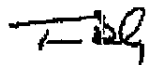
(P.O. Box or Mail Drop Box **NOT** Acceptable)

North Fort Myers, FL 33903

(City / State / Zip)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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 - Tim Daley

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

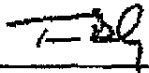
Name and Address:

MGR

Tim Daley- 3462 Hancock Bridge Parkway #263, North Fort Myers, FL 33903

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 609.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tim Daley

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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