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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRET
TALLAHASSEE

2005 MAR 24 AM 11:39

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROY FOLEYS RESCREENING & FLOORING, 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:

F. TIMOTHY BULLARD C.P.A.
(Name of Person)

F. TIMOTHY BULLARD, C.P.A.
(Firm/Company)

P.O. BOX 1066
(Address)

LAND O'LAKES, FLORIDA 34639
(City/State and Zip Code)

For further information concerning this matter, please call:

F. Timothy Bullard, C.P.A. at (813) 996-6269
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROY FOLEYS RESCREENING & FLOORING, 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:

13229 Star Rd.
Brooksville, FL 34613

13229 Star Rd.
Brooksville, FL 34613

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

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

F. Timothy Bullard, C.P.A.

Name

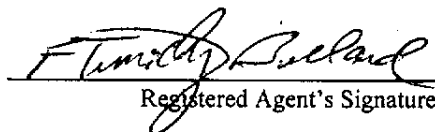
5324 Land O'Lakes Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Land O'Lakes, FL 34639

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)

SECRETARY OF
TALLAHASSEE COUNTY

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

"MGRM" = Managing Member

Troy Foley
13229 Star Rd.
Brooksville, FL 34613

MGR

Brooksville, FL 34613

NOTE: An additional article must be added if an effective date is requested.


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.)

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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7-11-68