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Founded in 1953

THE FEDERAL RESERVE BUILDING 150 EAST FOURTH STREET CINCINNATI, OHIO 45202-4018 Telephone: 513-621-2120 Facsimile: 513-241-8259

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*Also Admitted in Kentucky
**Also Admitted in Florida

Writer's Direct Dial: (513) 629-9440 E-Mail: smyoung@strausstroy.com

March 23, 2005

VIA FEDERAL EXPRESS

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Re: For the Love of Home Interiors Ltd.

Dear Sir or Madam:

I enclose for filing in your office on behalf of the above-referenced limited liability company executed original Articles of Organization.

I also enclose our firm's check in the amount of \$125.00 to cover the filing fee for Articles. Upon their filing, please forward the letter of acknowledgement to the undersigned.

If you have any questions or anticipate a delay in the filing of the enclosures, please contact me as soon as possible at (513) 629-9440.

Very truly yours,

STRAUSS & TROY

Shawn M. Young

Encl.

cc: Mr. Timothy Hogan Franklin A. Klaine, Esq.

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 25, 2005

STRAUSS & TROY THE FEDERAL RESERVE BLDG 150 EAST FOURTH STREET CINCINNATI, OH 45202-4018

SUBJECT: FOR THE LOVE OF HOME INTERIORS LTD.

Ref. Number: W05000015397

We have received your document for FOR THE LOVE OF HOME INTERIORS LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 105A00020626

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

For the Love of Home Inte	riors LLC
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:
	are the principal context of the Emilian Educatory Company is
Principal Office Address:	Mailing Address:
10561 Cooper Lake Drive	10561 Cooper Lake Drive
Bonita Springs, Florida 34135	Bonita Springs, Florida 34135
ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature:
The name and the Florida street address	of the registered agent are:
Timothy T. Hogan	
	Name
10561 Cooper Lake D	rive 500 0
Florida	street address (P.O. Box NOT acceptable)
Bonita Springs, Florida	a 34135 FL
Cit	y, State, and Zip
liability company at the place designa	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the pravisions of all

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

ARTICLE	TV_ N	Manager(c)	or Ma	ngging	Meml	her(e)
ARTICLE	1 V - 11	Managerisi	OF IVIA	uaeme .	Mem.	vertsi

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	Timothy T. Hogan 10561 Cooper Lake Drive Bonita Springs, Florida 34135				
(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 T. Hogan

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)