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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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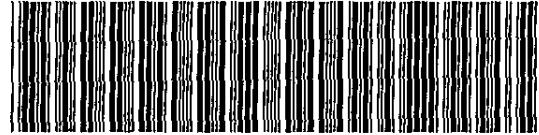
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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William C. Malone, IV

ATTORNEY AND COUNSELOR AT LAW

1800 Pembroke Dr., Suite 300, PMB811, Orlando, FL 32810

Telephone (407) 423-4040 Fax (407) 677-6729

April 6, 2005

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: YOUNG'S REMODELING OF CENTRAL FLORIDA, LLC

Dear Secretary:

Enclosed please find the Articles of Organization of YOUNG'S REMODELING OF CENTRAL FLORIDA, LLC, with a copy and a check in the amount of \$125.00.

Please date stamp the copy and return it to this office in the envelope provided.

Very truly yours,



WILLIAM C. MALONE, IV

WCM:wcm

Enclosures

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Young's Remodeling of Central Florida, LLC

ARTICLE II - Address:

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

Principal Office Address:

1005 Malone Drive
Orlando, FL 32810

Mailing Address:

1005 Malone Drive
Orlando, FL 32810

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

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

William C. Malone, IV

Name

1800 Pembroke Dr., Suite 300

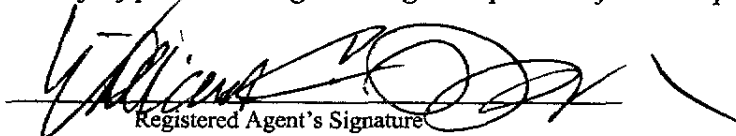
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32810

FL

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)

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TALLAHASSEE FLORIDA

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

Colin Young

1005 Malone Dr.

Orlando, FL 32810

(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.)

COLIN YOUNG

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)

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TALLAHASSEE FLORIDA