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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 : (302)575-0875 Phone

Fax Number : (302)575-0925 LIVISION OF CORPORATIO)

LIMITED LIABILITY COMPANY

OLSEN'S PAPERHANGING LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: OLSEN'S PAPERHANGING LLC

2005 APR 18 A 11:57

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited 117 51ALL Liability Company is 1845 Coherent Circuit INLLAHASSEE, FLURIDA Liability Company is: 6915 Cohasset Circle, Tampa, FL 33589

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

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

Agents and Corporations, Inc. Suite E, 773 4th Avenue North Naples, FL 34102

Having been name as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, thereby 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 jugistered agent as provided for in Chapter 608, F.S. Stefune Xumanda Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Manager/Member(s): The initial Manager(s) of the Limited Liability Company shall be:

Steven Olsen 3630 10th Ave. SE Naples, FL 34117

Signature of a member of an authorized representative of a member (in eccordance with section 808-408(3), Florida Statutes, the exception of this document constitutes an affirmation under the panalties of perjury that the facts stated hersin are true.)

Typed or printed name of signer