08/15/2005 12:1 FAX 4074 Division of Corporations Florida Department of State Division of Corporations 2005 AUG 15 A 10: 09

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E DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number: 076077001702 Phone : (407)841-1200 Fax Number : (407)423-1831

### LIMITED LIABILITY COMPANY

Jim McLaughlin Construction Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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# ARTICLES OF ORGANIZATION OF Jim McLaughlin Construction Services LLC

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SECRETARY OF STATE

The undersigned, acting as organizer of this limited liability company pursuant to SFF. FLORIDA Chapter 608 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company:

#### ARTICLE I - NAME OF COMPANY

The name of this limited liability company is Jim McLaughlin Construction Services

LLC (the "Company").

#### ARTICLE II - PRINCIPAL OFFICE

The street address, and the mailing address, of the principal office of the Company is 945 Guy Road, Orlando, Florida 32828.

## ARTICLE III - REGISTERED AGENT AND REGISTERED OFFICE

The street address of the initial registered office of the Company in the State of Florida is 945 Guy Road, Orlando, Florida 32828. The name of the registered agent of the Company at that address is James G. McLaughlin.

#### ARTICLE IV - MANAGEMENT

The Company is to be a member-managed company. The name and address of the initial member of the Company is: James G. McLaughlin, 945 Guy Road, Orlando, Florida 32828.

#### ARTICLE Y - EFFECTIVE DATE

The effective date of these Articles of Organization, and the beginning of the existence of the Company, shall be the date of filing of these Articles of Organization with the Florida Department of State.

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The undersigned member has made and subscribed these Articles of Organization this 12 day of August 2005.

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Under penalties of perjury I declare that I have read the foregoing and know the contents STATE thereof and that the facts stated herein are true and correct.

TALLAHASSEE, FLORIDA

James G McLoughlin, Sole Member

#### STATEMENT OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-referenced limited liability company, at the place designated in the foregoing Articles of Organization, I hereby accept such appointment and agree to act in such capacity. I further agree to comply with the provisions of all statutes relevant to the proper and complete performance of the duties of a registered agent, and I am familiar with, and accept the duties and obligations of, Section 608.415 of the Florida Statutes.

James G. McLaughlin, Registered Agent

Date: 8-12-05

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To:

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Fax Number

: (850)205-0383

SAccount Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Name : BLUMBERG/EXCE O Account Number : 075350000353 Phone : (212)431-5000 Fax Number : (212)431-144

; (212)431-5000

: (212) 431-1441

### LIMITED LIABILITY COMPANY

#### DISTINCTIVE KITCHENS AND BATHS LLC

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Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DISTINCTIVE KITCHENS AND BATHS 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:

812 SE STH AVENUE

DEERFIELD BEACH, FL 33441

812 SE STH AVENUE

DEERFIELD BEACH, FL 33441

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

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

SCOTT BALIN

Name

812 SE STH AVENUE

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

DEERFIELD BEACH, FL 88441FT

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 complets 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

BlumbergExcelsion

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Justin T. Reed BlumbergExcelsior Corporate Services, Inc. 62 White Street New York, NY 10013

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#### ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2005 AUG 15	
	. :	SECRETARY TALLAHASSE	OF STATE E, FLORIDA
MGR	SCOTT BALIN		,
	11845 BAFIELD DRIVE		
	BOCA RATON, FL 33498		•
MGRM	SAMUEL L. BALIN		
4/-	11845 BAFIELD DRIVE		▼.
	BOCA RATON, FL 33498		
	,		
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		-	-
(Use attachment if necessary)	:		
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NOTE: An additional article must	De added if an enecuye date is	requesteu.	
REQUIRED SIGNATURE: 🦯			
			•
Signature of a member	er or an authorized representative of	a member.	
• /	ction 608.408(3), Florida Statutes, the s		
	itutes an affirmation under the penalties		

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)

JUSTIN T. REED

Page 2 of 2

Typed or printed name of signec

Justin T. Reed BlumbergExcelsior Corporate Services, Inc. 62 White Street New York, NY 10013

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