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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Office Use Only



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DIVISION OF CORPORALISM

AUG 1 9 2005

N. Culligan

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: McCarthy Home Makeover Construction (Name of Limited Liability Company) Services,
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brendan T. McCarthy (Name of Person)
M. H. M. Construction Services, C
P.O. Box 17-10 (Address)
High Springs, FC 32655 (City/State and Zip Code)
For further information concerning this matter, please call:
Brendan T. McCarthy at (540) 207-1996 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Principal Office Address:

The name of the Limited Liability Company is:

Mc Car thy	Home	Makeover	Construction	Services, LC
ARTICLE II - Addres				,

Mailing Address:

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

2410 N.F. 83 Tenace High Springs, FC 32643	P.O. Box 1710 High Springs, FC 32655				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:					
The name and the Florida street address of the re	egistered agent are:				
Brendan /	Nc Carthy 置質				

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

H: M. Spring, FL 32643

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)

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	Name and Address:
"MGRM" = Managing Member	
MGR	BRENDAN MC(AKTHY P.O. SOX 1710 HIGH SPRINGS PL 32655
	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
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(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.)

Signature of a member or an authorized representative of a member

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)