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COVER LETTER

TO: Registration Se Division of Co				
SUBJECT: Roof E	Decks LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
John W. E	Barber, Jr.			
	C	Name of Person)		
Barber &	Associates, Inc.			
	(Firm/Company)		
1514 Ber	nita St.			
,	,	(Address)		
Jackson	ville, Florida 322	11		
		/State and Zip Code)		
For further information	concerning this matter, please	call:		OS SEP 22 PM 12: 26 SECRETARY OF STATE TALL AHASSEE, FLORIS
John W. Barber, Jr. at (904) 744-4067				P 22 PI P 22 PI P 28 PI
(Name of Person) (Area Code & Daytime Telephone Number)		FIG 3		
Enclosed is a check for	or the following amount:			12: 26 FLORIF
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is end	Fee, → us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Roof Decks LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1514 Bernita St. Jacksonville, Florida 32211	1514 Bernita St. Jacksonville, Florida 32211			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: John W. Barber, III Name 1514 Bernita St. Jacksonville, Florida 32211 Florida street address (P.O. Box NOT acceptable) TKK Sonville, FL 32211 City, State, and Zip				
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S			

(CONTINUED)
Page 1 of 2

Name and Address:

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

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

Title: "MGR" = Manager "MGRM" = Managing Member MGR John W. Barber, III 1514 Bernita St. Jacksonville, Florida 32211

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 20, 2005 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

John W. Barber, III

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)