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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: ST. AUGUSTINE PAINTING TEAM, LLC

Enclosed is an original and one copy of the articles of organization and a check for:

() \$125.00
Filing Fee
and Registered
Agent
Designation

(X) \$130.00
Filing Fee,
Registered Agent
Designation, and
Certificate of Status

() \$155.00
Filing Fee,
Registered Agent
Designation, and
Certified Copy

() \$160.00
Filing Fee,
Registered Agent
Designation,
Certified Copy, and
Certificate of Status

Please return all correspondence concerning this matter to the following:

James E. Bedsole, Esq
Bedsole and Conner
7 Old Mission Avenue
St. Augustine, Florida 32084
Tel. 904-829-8611
Fax 904-829-9510

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ST. AUGUSTINE PAINTING TEAM, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be ST. AUGUSTINE PAINTING TEAM, LLC.

ARTICLE II - ADDRESS


The mailing address of the company is 17203 Harbour Vista Circle, St. Augustine, FL 32080.

The street address of the principal office of the company is 17203 Harbour Vista Circle, St. Augustine, FL 32080.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are MARK G. ALLEN, 17203 Harbour Vista Circle, St. Augustine, FL 32080.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.


MARK G. ALLEN

ARTICLE IV - MANAGEMENT

The company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of each manager is as follows:

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Title:

MGR

Name and Address:

Mark G. Allen, as president and director of
MARK G. ALLEN, INC.
17203 Harbour Vista Circle
St. Augustine, FL 32086

IN WITNESS WHEREOF, the undersigned member or authorized representative has made
and subscribed these articles of organization at St. Augustine, Florida, on November 3, 2005.

Mark G. Allen
MARK G. ALLEN

(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.)

STATE OF FLORIDA
COUNTY OF ST. JOHNS

Sworn to and subscribed before me this 3rd day of November, 2005 by Mark G. Allen as
president and director of MARK G. ALLEN, INC., who is X personally known to me OR
produced identification. Type of identification produced: _____



James E. Bedsole
MY COMMISSION # DD184346 EXPIRES
February 17, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

James E. Bedsole
NOTARY PUBLIC: STATE OF FLORIDA

James E. Bedsole
(Printed Name of Notary Public)
Commission Expires: 02/17/07

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TALLAHASSEE, FLORIDA