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COVER LETTER

TO:

Registration Section
Division of Corporations

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(additional copy is enclosed)

2006 FEB [7 P 1: 32 SUBJECT: The Affordable Building Alternative, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Carl Noriega (Name of Person) The Affordable Building Alternative, LLC (Firm/Company) 1851 Northwest 125th Avenue, #355 (Address) Pembroke Pines, FL 33028 (City/State and Zip Code) For further information concerning this matter, please call: Carl Noriega at (954) 620-0080 (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & ✓ \$155.00 Filing Fee & \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314 Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIULTY GOMBANY 32

ARTICLE I - Name:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
The name of the Limited Liability Company is:	MLLAHASSEE. FLORIDA
The Affordable Building Alternative, LLC	
(Must end with the words "Limited Liability Company, "Limited	1 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:
1851 Northwest 125th Avenue, #355	
Pembroke Pines, FL 33028	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Carl Noriega	
Name	
1243 Manor Drive South	
Florida street add	ress (P.O. Box NOT acceptable)
Weston	FL 33326
City, State, as	nd Zip
Having heen named as registered agent and to a	accept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED) Page 1 of 2

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

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The name and address of each Mana	iger or managing monitor is as	
Title:	Name and Address:	2006 FEB 17 P 1: :
"MGR" = Manager "MGRM" = Managing Member		SECRETARY OF STAT TALLAHASSEE, FLORI
MGRM	Carl Noriega	
	1243 Manor Drive South	
	Weston, FL 33326	····
MGRM	Bridget Jorge	
	317 W Highland Drive	
	Lakeland, Florida 33813	
MGRM	P. Anthony Scarano II	
	206 Las Flores Drive	<u> </u>
	Winter Haven, Florida 3388	34
(Use attachment if necessary)		
(Use attachment if necessary) [CLE V: Effective date, if other than the effective date is listed, the date must be a days after the date of filing.)		
CLE V: Effective date, if other than the effective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document content that the facts effacted.	be specific and cannot be more ber or an authorized representative section 608.408(3), Florida Statutes, to stitutes an affirmation under the penal herein are true.)	e than five business days p e of a member. the execution lities of perjury
CLE V: Effective date, if other than the effective date is listed, the date must be so days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document content that the facts effacted.	be specific and cannot be more ber or an authorized representative section 608.408(3), Florida Statutes, the stitutes an affirmation under the penal	e than five business days p e of a member. the execution lities of perjury

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)