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ACCOUNT NO. : 072100000032 REFERENCE : COST LIMIT : \$ 125.00 ORDER DATE: April 5, 2006 ORDER TIME : 3:11 PM ORDER NO. : 966249-005 CUSTOMER NO: 7418365 DOMESTIC FILING NAME: RCR FLOORING, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICLE I - Name:				
The	name of the Limited Liability Company is:				
	RCR Flooring, LLC				
(Mu	st end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.")				
AR	TICLE II - Address:				
The	he mailing address and street address of the principal office of the Limited Liability Company is:				
Pri	ncipal Office Address: Mailing Address:				
10	8 N.W. 4th Street 108 N.W. 4th Street				
Во	ca Raton Boca Raton				
Fl	orida 33432 Florida 33432				
The busi	TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another incss entity with an active Florida registration.) name and the Florida street address of the registered agent are: Corporation Service Company Name 1201 Hays Street Florida street address (P.O. Box NOT acceptable) Tables and Service Company ONE COMPANY Provide Street address (P.O. Box NOT acceptable)				
	Tallahassee FI 32301				
	City, State, and Zip				
44-					

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.

By: Wellorch W. Skipper Deborah D. Skipper Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title:	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	George Koeckritz		
	1731 Upland Rd. West Falm Beach, FL 33409		
	West I all Description		
(Use attachment if necessary)			
(Ose auaciment it necessary)			
LEV: Effective date, if other than the	date of filing: (OPTIONAL)		
lective date is listed, the date must b days after the date of filing.)	e specific and cannot be more than five business days prio		
unjamite, the bate of filing.)			
)			

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

KoecKr:+L
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)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)