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: GRAY ROBINSON, P.A.

Account Number : 120000000092 Phone

: (863)284-2200

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FÉORIDA/FOREIGN LIMITED LIABILITY CO.

Your Home Solution Louisiana, LLC

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ARTICLES OF ORGANIZATION

OF

YOUR HOME SOLUTION LOUISIANA, LLC

MORNIO MO.OZ The undersigned hereby present(s) these Articles of Organization for the formation o Limited Liability Company pursuant to the Florida Limited Liability Company Act.

ARTICLE I

NAME

The name of the Limited Liability Company is YOUR HOME SOLUTION LOUISIANA, LLC.

ARTICLE II

PRINCIPAL OFFICE

The street address of the Limited Liability Company is 731 S. Combee Road, Lakeland, Florida 33801 and the mailing address is P.O. Box 2198, Eaton Park, Florida 33840.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date of the execution and acknowledgment of these Articles of Organization.

ARTICLE IV

<u>PURPOSE</u>

The Limited Liability Company is organized for the purpose of transacting any and all lawful business.

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ARTICLE V

MANAGEMENT

The Limited Liability Company is to be a manager managed company.

ARTICLE VI

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial registered office of the Limited Liability Company is One Lake Morton Drive, Lakeland, Florida 33801 and the name of the initial registered agent of the Limited Liability Company at that office is David D. Hallock, Jr.

ARTICLE VII

INDEMNIFICATION

Except to the extent otherwise provided in the Operating Agreement of the Limited Liability Company, the Limited Liability Company shall indemnify each person or entity who was or is a Member, director, officer, employee or agent of the Limited Liability Company to the full extent permitted by law.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Limited Liability Company, has executed these Articles of Organization this

Dayra D. Hallock, Ji

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STATE OF FLORIDA COUNTY OF POLK

THE WOOD WILL OF The foregoing Articles of Organization were acknowledged before me this April, 2006, by David D. Hallock, Jr. as an authorized representative of a Member of the Lin Liability Company, who is personally known to me.

Official Seal SHARMAN BARE Notary Public, State of Florida My comm. expires May 24, 2008 Comm. No. DD322779

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NOTARY PUBLIC, State of Florida at Large	¢

(Printed Name)

My commission expires: My commission number: (AFFIX NOTARY SEAL)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 AND SECTION 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE REGISTERED DESIGNATING FOLLOWING STATEMENT IN AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA:

- The name of the Limited Liability Company is YOUR HOME SOLUTION LOUISIANA, LLC.
- The name and street address of its initial Registered Agent and initial Registered 2. Office are:

David D. Hallock, Jr. GrayRobinson, P.A. One Lake Morton Drive Lakeland, FL 33801

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 perfermance of my duties and I am familiar with and accept the obligations of my position as Kegistered Agent

> DAVID D. HALLOCK, JR. Date: April 3/1, 2006

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