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To:

Division of Corporations

From: Account Name: A.B.S. OF JACKSONVILLE, INC. Account Number: 120010000215 Phone: (904) 777-1533 Fax Number: (904) 777-1717 FLORIDA/FOREIGN LIMITED LIABILITY CO.

Got Floors?, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME:

The name of the Limited Liability Company is: Got Floors?, LLC

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

942 Overlook Drive Jacksonville, FL 32211

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE;

The name and Florida street address of the registered agent are: Grover L. Norton III, MGR. 942 Overlook Drive Jacksonville, FL 32211

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.

Grover L. Norton III/ Registered Agent

0 5 / 2 5 / 0 C Date

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title: MGR Name and Address:
Grover L. Norton III
942 Overlook Drive
Jacksonville, FL 32211

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SECRETARY OF SUPPLY OF SUP

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MGRM

Gregg Laney 942 Overlook Drive Jacksonville, FL 32211

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be May 25, 2006.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this _______ day of _______, 2006.

Grover L. Norton III, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

SECRETARY OF STATE

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