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B. Tadlock IIIM 1 5 2006

TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: PRE	FERRED TRIM (Name of Limite	CARPENTRY	
	(Name of Limite	d Liability Company)	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	ANDREW ROL	SON	
	(1	Name of Person)	
β	referred Trim	Carpentry Firm/Company)	
	3916 DOVGLA	S HILL PL (Address)	
	PARRISH (City/	FL 34219 State and Zip Code)	
		•	
For further information of	concerning this matter, please	call:	
ANDREW D	LSON	at (941) 518 2	2631
(Name	of Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	1 \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2006

ANDREW R. OLSON PREFERRED TRIM CARPENTRY 3916 DOUGLAS HILL PL PARRISH, FL 34219

SUBJECT: PREFERRED TRIM CARPENTRY

Ref. Number: W06000024471

We have received your document for PREFERRED TRIM CARPENTRY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 106A00037152

A business at 11, may art serve as its and registered agent. Places decignate en incluidual or arcide, husiness auti, old the cellula registration or filtig with this office, having a florida cheet adurest identest with the local services and services.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
PREFERED TRIM CARPENTRY LLC 3 325
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
3916 DOVGLAS HILL PL PARRISH FL 34219
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Andrew R OLSON Name
3916 OUGLAS HELL PLACE Florida street address (P.O. Box NOT acceptable)
City, State, and Zip
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

(CONTINUED)

Registered Agent's Signature

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Per MGR	ANDREW DISON 3916 DOUGLAS HILL PL PARRISH FL 34219	
		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
Sidew POROW		
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 that the facts stated herein are true.)		
ANDREW Typed	R OLSON 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)

\$ 5.00 Certificate of Status (Optional)