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SECRETARY OF STATE OF STATE OF CORPORATIONS

J. BRYAN JUN 1 6 2006

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Integrity Carpentry LLC (Name of Limited Liability Company)	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Michael Riordan (Name of Person) Integrity Carpentry LLC &	
	(Name of Person)	-3
	Integrity Carpently LLC &	NISIO SECO
	(Firm/Company)	200 T
	P.O. Box 430878 = (Address)	CAN
	(Address)	E ON
	Integrity Carpentry LLC (Firm/Company) P.O. Box 430878 (Address) Big Pine Key FL 33043 (City/State and Zip Code)	F CORPORATIONS
For fu	rther information concerning this matter, please call:	
N	Name of Person) at (305) 304-7698 (Area Code & Daytime Telephone Number)	
Enclos	sed is a check for the following amount:	
] \$ 125	5.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$	
	Mailing Address Registration Section Division of Corporations P.O. Poy 6327 Clifton Puilding	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Integrity Carpentry LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:	and a CC and CA and You to A X to the Common
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
29144 Violet DR. Big Pine Key FL. 33043	P.O. Bax 430 878 Big Pine Key FL. 33043
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are: 96 VIST
Michael Rior	gistered agent are: SECRETARY SECRETARY OF COMMENT
Name	T CAN
29144 Viole	1 178 v 299
Florida street addre	ess (P.O. Box NOT acceptable)
Big Pine Key City, State, an	ess (P.O. Box NOT acceptable) FL 33043 73
City, State, an	a 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) 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:

•	
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Michael Riordan 29144 Violet DR. Big: Pine Key FL 33043
	06 J
	OF JUN 14 P
(Use attachment if necessary)	date of filing: (OPTIONAL)
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be o or 90 days after the date of filing.)	date of filing: (OPTIONAL)
REQUIRED SIGNATURE:	
mil	5. ji
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are true.)
Michael	5. Riordan

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)

Typed or printed name of signee