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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wayne's Carpet Plus, LLC

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8/10/2006

ARTICLES OF ORGANIZATION OF Wayne's Carpet Plus, LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Wayne's Carpet Plus, LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 3325 S. US Highway 441, Suite 101, Lake City, Florida 32025.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Patricia Stuart, 4424 NW American Lane, Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Jesse Wayne Adams, 3325 S. US Highway 441, Suite 101, Lake City, Florida 32025 Norton Home Improvement Co., Inc., 3367 S. US Highway 441, Suite 101, Lake City, Florida 32025

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Wayne's Carpet Plus, LLC

The name and address of the registered agent and office is Patricia Stuart, 4424 NW American Lane, Suite 101, Lake City, Florida 32055. Located in the County of Columbia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: Patricia Stuat

Patricia Stuart

Date: 8/8 /2006

SECRETARY OF STATE DIVISION OF CORFORATION

FAX AUDIT # HOLOCOO 2013993