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| Carlos Matos - |
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| (City/State/Zip/Phone #) |
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C.M. Home Improvement, LLC Carlos Matos 1060 N.E. 159th Street North Miami Beach, Fl 33162 (305)944-9040 (786)277-0689

100 SEP 29 PH 2: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company i | is: |
|--|--|
| C.M. Home Improvement, LLC (Must end with the words "Limited Liability Company, "Lin | nited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1060 N.E. 159th Street, NMB., FL.33162 | 1060 N.E. 159th Street, NMB., FL 33162 |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registrations) The name and the Florida street address of the | ed Office, & Registered Agent's Signature sistered Agent. You must designate an individual or another se registered agent are: |
| Carlos Matos | |
| Nan | ie |
| 1060 N.E 159th Street Florida street a | address (P.O. Box NOT acceptable) |
| North Miami Beach City, State | FL 33162 e, and Zip |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete | to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S |

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

| <u>Title:</u> "MGR" = Ma "MGRM" = N | nnager Managing Member | Name and Address: | - ·- |
|--|--|---|--|
| Manager | | Carlos Matos | |
| | | 1060 N.E. 159th Street | _ |
| | | North Miami Beach, FL. 33162 | |
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| · | nent if necessary) | o data of Slings Sept 28 2006 (OPT | IONAL) |
| TCLE V: Effection of the series of the serie | tive date, if other than the is listed, the date must b | e date of filing: <u>Sept. 28,2006</u> . (OPT oe specific and cannot be more than five busines | IONAL) ss days prior |
| TCLE V: Effect reffective date i 90 days after th | tive date, if other than the is listed, the date must be date of filing.) SIGNATURE: | Despecific and cannot be more than five business A A A A A A A A A A A A A A A A A A | ss days prior |
| FICLE V: Effection of the Figure 190 days after 19 | tive date, if other than the is listed, the date must be date of filing.) 2 SIGNATURE: Signature of a member of this document constitution that the facts stated | per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury. | ss days prior |
| FICLE V: Effection of the Figure 190 days after 190 days a | Signature of a member of this document constitute that the facts stated | per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjuty herein are true. | ss days prior |