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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SCI RUG WHOLESALERS LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

SCI RUG WHOLESALERS LLC

**ARTICLE II ADDRESS**

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

612 S LINCOLN AVENUE  
CLEARWATER FL 33756

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

The name and the Florida street address of the registered agent is:

KATHLEEN CHAMPAGNE  
612 S LINCOLN AVENUE  
CLEARWATER FL 33756

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



Registered Agent's signature / KATHLEEN CHAMPAGNE

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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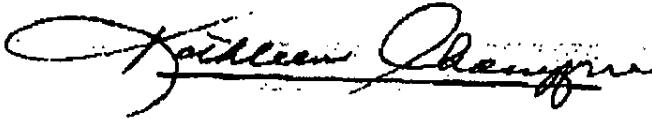
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**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

Managing Member: KATHLEEN CHAMPAGNE  
612 S LINCOLN AVENUE  
CLEARWATER FL 33756

Managing Member: LEWIS STEINMAN  
612 S LINCOLN AVENUE  
CLEARWATER FL 33756



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.)

KATHLEEN CHAMPAGNE  
Typed or printed name of signee

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