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To:

Division of Corporations

Fax Number : (050)205-038:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : I20010000215 : (904)777-1533 : (904)777-1717 Phone

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### LORIDA/FOREIGN LIMITED LIABILITY CO.

All Florida Stucco, LLC

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01/29/2007

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. NAME:

The name of the Limited Liability Company is: All Florida Stucco, LLC

### ARTICLE II. ADDRESS:

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

1304 Degrove Road
Jacksonville, FL 32259

## ARTICLE III. REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Grant S. Wilson
1304 Degrove Road
Jacksonville, FL 32259

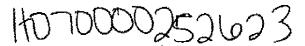
Flaving been named as registered agent and to accept service of process for the above stated limited liability company at the place of designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of 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, Florida Statutes.

Grant S. Wilson/Registered Agent

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### ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title: MGR.

Name and Address: Grant S. Wilson 1304 Degrove Road Jacksonville, FL 32259

### ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be January 29, 2007.

### REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 29 day of Ohman

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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