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ALLAHASSEE, FINDIE,

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby organizes a Limited Liability Company in accordance with the Florida Statutes and pursuant to the following Articles of Organization.

ARTICLE 1 Name

The name of this Limited Liability Company is:

DAVID MELVILLE ENVIROHOMES, LLC.

ARTICLE 2			
Mailing Address & Principal Office Address	SE	7001	
	\ ECS	~	77
The mailing and street address for the principal office of this Limite	d ∰ābi:	li₩C	ompany
is: 6490 WALKERS GLEN, CT., LAKELAND, FL. 33813.	SSAR		
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ARTICLE 3	F 24	T	1
Initial Registered Office and Agent	STAT	\Box	
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The street address of the initial registered office of this Limited Liability Company is 6490 WALKERS GLEN, CT., LAKELAND, FL. 33813, and the name of the initial registered agent of this Limited Liability Company at that address is DAVID MELVILLE.

Acceptance of Registered Agent

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 of 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 in Chapter 608, Florida Statues.

ARTICLE 4 Managers/Managing Members

DAVID MELVILLE

This Limited Liability Company is to be managed by the following managing members (MGRMs):

DAVID MELVILLE - 6490 WALKERS GLEN, CT., LAKELAND, FL. 33813. NORMAN D. DOLLBAUM - 8106 TEMPLE TERRACE HWY., TEMPLE TERRACE, FL. 33637

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 and correct. The undersigned is authorized and has executed these Articles, this ______day of February, 2007. DAVID MĚLVILLE **Authorized Managing Member** STATE OF FLORIDA **COUNTY OF HILLSBOROUGH** The foregoing instrument was acknowledged before me this by **DAVID MELVILLE**. SEAL Type, Print or Stamp Name of Notary Personally known / LESLIE M. RIDDLE MY COMMISSION #DD625957 or Produced Identification _____ EXPIRES: JAN 02, 2011 Type of Identification Produced Bonded through 1st State Insurance