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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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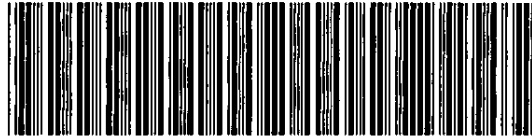
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homeowner Direct Window Company, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Belinda T. France

(Name of Person)

France Law Firm, P.A.

(Firm/Company)

1625 Summit Lake Drive, #240

(Address)

Tallahassee, FL 32317

(City/State and Zip Code)

For further information concerning this matter, please call:

Marti Womble

(Name of Person)

at (850) 224-1040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
HOMEOWNER DIRECT WINDOW COMPANY, LLC**

ARTICLE I - NAME

The name of the limited liability company is HOMEOWNER DIRECT WINDOW COMPANY, LLC. ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

1021 Cherokee Drive, Tallahassee, FL 32301

Mailing Address:


1021 Cherokee Drive, Tallahassee, FL 32301

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Belinda T. France
1625 Summit Lake Drive, #240
Tallahassee, Florida 32317

Having been named as registered agent and 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 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, F.S.



Belinda T. France

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

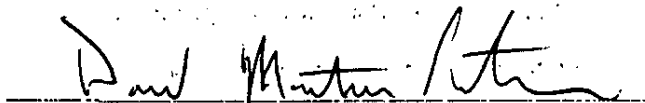
MGMR

David Martin Pitcher
1021 Cherokee Drive
Tallahassee, FL 32301

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be March 30, 2007.

REQUIRED SIGNATURE:



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.)

David Martin Pitcher

Typed or printed name of signee

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TALLAHASSEE, FLORIDA