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SECRETARY OF STATE.
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COVER LETTER

| TO: | Registration S Division of Co | | | |
|----------------|----------------------------------|---|--|--------------------------------|
| SUBJ | FCT. Northe | ast Home Service | es, LLC | |
| 3003 | ECT | | ited Liability Company) | |
| The er | nclosed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please | return all corresp | ondence concerning this mat | tter to the following: | |
| | Gregory A | . Jakush | | _ |
| | | | (Name of Person) | |
| | Northeast | Home Services, L | LLC | _ |
| | | | (Firm/Company) | _ |
| | 43 Farrad | ay Lane | | |
| | | | (Address) | |
| | Palm Coa | st, Florida 32137 | 77 S C | |
| | | (Ci | ity/State and Zip Code) | - Eliza |
| Ear fu | urther information | concerning this matter, pleas | FA SOUR | भू संभागसूत्र संभागसूत्र |
| roriu | ittiet intolliation | concerning this matter, pieas | Isт 336 585-4845 💥 ш | E. Then |
| Gre | g Jakush | | 2NP 207 409-6348 | 1 4 |
| | (Name | of Person) | (Area Code & Daytime Telephone Number) | Secretary Constraint |
| Enclo | sed is a check for | or the following amount: | A | |
| □ \$125 | 5.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | | | | |
|--|--|-----------------------------------|--|--|
| Northeast Home Services, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | | |
| (Must end with the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the pr | rincipal office of the Limited Liability Con | npany is: | | |
| Principal Office Address: | Mailing Address: | | | |
| 43 Farraday Lane | 43 Farraday Lane | | | |
| Palm Coast, FL 32137 | Palm Coast, FL 32137 | | | |
| | | | | |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.) The name and the Florida street address of the r Gregory A. Jakush Name 43 Farraday Lane | tered Agent. You must designate an individual or anothe Capacitan registered agent are: ASSINGLED ASSINGLED ASSINGLED | - 07 NOV 28 64 11 - 22 | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Palm Coast, FL 32137 _{FL} | | ن ن | | |
| City, State, | and Zip | | | |
| Having been named as registered agent and to liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regi | this certificate, I hereby accept the appointmy. I further agree to comply with the provision for a familiar vertical and the provision of the | ent as ions of all vith and | | |

(CONTINUED)
Page 1 of 2

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

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: | |
|--|--|--|
| MGR | Gregory A. Jakush | |
| | 43 Farraday Lane | |
| | Palm Coast, FL 32137 | |
| MGR | Scott A. Carter | |
| | 43 Farraday Lane | |
| | Palm Coast, FL 32137 | |
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| | | |
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| | | |
| | an the date of filing: $11/26/2007$. (OPTIONAL) tust be specific and cannot be more than five business days prior | |
| REQUIRED SIGNATURE: | eyen a Salul | |
| Signature of a n | nomber or an authorized representative of a member 2 | |
| (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.) | | |
| Gregory A | Typed or printed name of signee | |
| Filing Fees: | ORIDA ORIDA | |
| C12C OO Elling For Con And all Co | → • • • • • • • • • • • • • • • • • • • | |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)