Florida Department of State

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Division of Corporations Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone

: (800)494-3124

Fax Number

: (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Buddy Strachan Carpentry LLC

Certificate of Status	0
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FEE:12-2 2008

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

in compliance with Chapter 608, F.S.

ARTICLE L NAME

The name of the Limited Liability Company is:

Buddy Strechen Carpentry LLC

ARTICLE II ADDRESS

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

213 East Main

Dundee, Florida 33838

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE &

REGISTERED AGENT SIGNATURE

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

- 医侧针 法未现实证

Eldorado Homes

213 East Main

Dundee, Florida 33838

Having been named as registered agent to accept service of process for the above stated limited flability 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 808, F.S..

X Tharie Dranning

ELDORADO HOMES/ Registered Agent's Signature

ARTICLE IV MANAGEMENT

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

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Buddy Strechan .

261 18th Street

Winter Haven, Florida 33881

MANAGING MEMBER:

Sara Kirkland

P.O. Box 548

Dundee, Florida 33838

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 of constitutes an affirmation under the panalties of parjury that the facts stated herein are true

Buddy Strachan

Typed or printed name of signee

SECRETARY OF STATE

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