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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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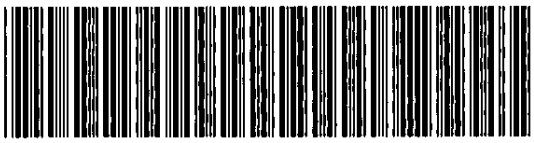

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B. KOHR

MAY 16 2008

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TALLAHASSEE, FLORIDA

Bavmax, LLC

Signature

Requested by: WL 5/16 11:00
Name Date Time

____ Art of Inc. File_____
____ LTD Partnership File_____
____ Foreign Corp. File_____
__✓__ L.C. File_____
____ Fictitious Name File_____
____ Trade/Service Mark_____
____ Merger File_____
____ Art. of Amend. File_____
____ RA Resignation_____
____ Dissolution / Withdrawal_____
____ Annual Report / Reinstatement_____
__✓__ Cert. Copy_____
____ Photo Copy_____
____ Certificate of Good Standing_____
____ Certificate of Status_____
____ Certificate of Fictitious Name_____
____ Corp Record Search_____
____ Officer Search_____
____ Fictitious Search_____
____ Fictitious Owner Search_____
____ Vehicle Search_____
____ Driving Record_____
____ UCC 1 or 3 File_____
____ UCC 11 Search_____
____ UCC 11 Retrieval_____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

BAUMAX, L.L.C.

THE UNDERSIGNED, as the authorized representative of the Managing Member of the captioned Limited Liability Company, corporation under the Florida Business Corporation Act, adopts the following Articles of Organization:

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TALLAHASSEE, FLORIDA

ARTICLE I
NAME

The name of the Limited Liability Company is:

BAUMAX, L.L.C.

ARTICLE II
ADDRESS

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

PRINCIPAL OFFICE ADDRESS	MAILING ADDRESS
73 Prim Road Colchester, Vermont 05446	73 Prim Road Colchester, Vermont 05446

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

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

John R. Griffith, Esq.
Peterson & Myers, P.A.
225 East Lemon Street
Suite 300
Lakeland, Florida 33802

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 further familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

JOHN R. GRIFFITH

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

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

TITLE	NAME AND ADDRESS
Managing Member	Donald J. Walter 73 Prim Road Colchester, Vermont 05446
Manager	Wenda Walter 73 Prim Road Colchester, Vermont 05446

ARTICLE V
EFFECTIVE DATE

The effective date of this Limited Liability Company shall be the date filed with the Secretary of State of Florida, Corporations Division.

JOHN R. GRIFFITH, as the authorized representative for Manager Member