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M. THOMAS JUL 1 6 2008 EXAMINER

COVER LETTER

TO: Registration Division of	a Section Corporations		
SUBJECT: Cons	struction Supply Ser	rvices LLC	
	(Name of Limit	ted Liability Company)	-
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
Mark Col	hen		
		(Name of Person)	
Construc	ction Supply Service	es LLC	<u>. </u>
		(Firm/Company)	
153 Link	side Circle		50 B
<u> </u>		(Address)	1000 年 古
Ponte Ve	edra Beach, Florida	32082	%。后
	(Cit	ty/State and Zip Code)	Ma E
For further information	on concerning this matter, please	e call:	FILED OF STATE STATE OF STATE
Mark Cohen		_{at} 904 237-1792	_
(Na	me of Person)	(Area Code & Daytime Telephone Number)	-
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Is Certificate of St Certified Copy (additional copy is	atus &
	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

The name of the Limited Liability Company is:	
Construction Supply Services, LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:	
153 Linkside Circle	153 Linkside Circle	
porte Vedra Beach H	porte Vedra Beach, 7332	082
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:	5 H 10.
The name and the Florida street address of the re	egistered agent are:	42
Mark Cahan	•	

Mark Cohen
Name

153 Linkside Circle

Florida street address (P.O. Box NOT acceptable)

Ponte Vedra Beach, Florida 32082

City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(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:

President	Mark Cohen	
	153 Linkside Circle	
	Ponte Vedra Beach, Florida 32082	
Chief Executive Officer	Robert A. Lee	
	153 Linkside Circle	
		SECRETARY OF STATE FLORIDA
(Use attachment if necessary)		

REQUIRED SIGNATURE:

Signature of a member of 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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)