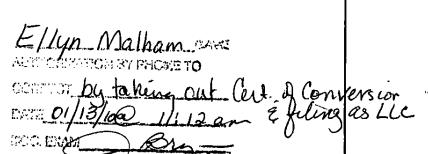
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Special Instructions to	Filing Officer:	
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Office Use Only





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10 JAN 12 AM II: 29

SECRETARY OF STATE ALLAHASSEE FLORIDA

J. BRYAN

JAN 1 3 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Tom	S Home III	M PROVEMENTS Florida Limited Company)	5, LLC
The enclosed Certific convert an "Other Bu accordance with s. 60	siness Entity" into a "	ticles of Organization, a Florida Limited Liabili	and fees are submitted to ty Company" in
Please return all corre	espondence concerning	g this matter to:	
KENNETH Tom's Home	T. MALHA (Contact Person) TMPROVE	mENTS	SECRETAL
13290 ASE	(Address) LL FL City, State and Zip Code)		RY OF STAILA
	on concerning this ma	-	
ELLY MALH (Name of Conta	AM (SECRETARY) ct Person)	at (727) 41 (Area Code and Da	ytime Telephone Number)
Enclosed is a check f	or the following amou	int:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS Registration Section Division of Corporate Clifton Building		MAILING A Registration S Division of C P. O. Box 632	Section orporations

Tallahassee, FL 32314

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:

TOM'S HOME IMPROVEMENTS LLC (Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "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:
13290 ASBURY ST. 13290 ASBURY ST. SPRING HILL, FL 34609
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Effective Date 01/30/
The name and the Florida street address of the registered agent are: KENNETH T. MALHAM HER NAME 13290 ASBURY ST. Florida street address (P.O. Box NOT acceptable) Florida Street Address (P.O. Box NO
Florida street address (P.O. Box NOT acceptable) SPRING HILL FL 346092 20 City, State, and Zip Having been named as registered agent and to accept service of process for the

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>mgrm</u>	KENNETH T. MALHAM 13290 ASBURY ST. SPRING HILL, FL 3460
	SECRET AH
	ARY OF F
	(Use attachment if necessary)
,	e date of filing: <u>JANUARY 30,201</u> 0 (OPTIONAL) nor more than 90 days after the date this

(The ef document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

REOI	HRED	SIGNA	TURE:

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.)

KENNETH T. MALHAM

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)

Page 2 of 2