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FLORIDA LIMITED LIABILITY CO.

shawn rigby home repair LLC

Certificate of Status	0
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FAX AUDIT # _ H/0000751363

ARTICLES OF ORGANIZATION OF shawn rigby home repair LLC

ARTICLE I

NAME

The name of the limited liability company shall be: shawn rigby home repair LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 9160 Loomis, Pensacola, Florida 32514.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Shawn Rigby, 9160 Loomis St., Pensacola, Florida 32514. Located in the County of Escambia.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Shawn Rigby, 9160 Loomis, Pensacola, Florida 32514

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison

Date: March 23, 2010

WI 53717

608-827-5300

FAX AUDIT# _ H100000751363

SECRETARY OF STATE VISION OF CORPORATIONS

FAX AUDIT # _ H100007513103

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: shawn rigby home repair LLC

The name and address of the registered agent and office is Shawn Rigby, 9160 Loomis St., Pensacola, Florida 32514. Located in the County of Escambia.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:

Shown Righ

Date: 3-26-10

FAX AUDIT # #100007513669

DIVISION OF CORPORATION