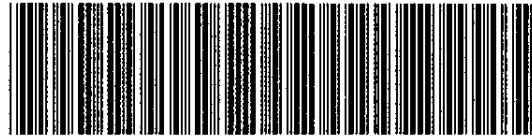


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
11 JAN 14 AM 8:44

B. KOHR
JAN 19 2011
EXAMINER

EFFECTIVE DATE 1/10/2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

**SUBJECT: 4D Building Solutions, LLC
Name of Limited Liability Company**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Rinicker
Name of Person

4D Building Solutions, LLC
Firm/Company

7024 Palmetto Pines Ln
Address

Land O Lakes, FL 34637
City/State and Zip Code

Trinick1@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Rinicker at (813) 235-300-5027
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:
\$130.00 Filing Fee & Certificate of Status

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JAN 14 AM 8:44

EFFECTIVE DATE 1/10/2011

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 4D Building Solutions, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7024 Palmetto Pines Ln
Land O Lakes, FL 34637

7024 Palmetto Pines Ln
Land O Lakes, FL 34637

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DIVISION OF CORPORATIONS
11 JAN 14 AM 8:44

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Trinick & Associates, Inc
Name

7024 Palmetto Pines Ln
Florida street address (P.O. Box NOT acceptable)

Land O Lakes, FL 34637
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

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:

"MGR" = Manager

"MGRM" = Managing Member

MGR

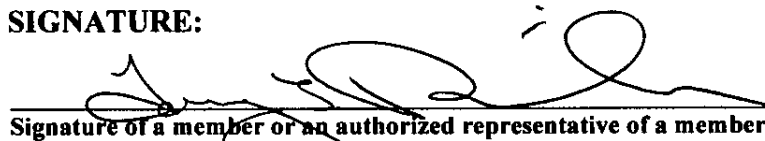
Tommy L Rinicker
7024 Palmetto Pines Ln
Land O Lakes, FL 34637

MGR

Marvin Stephen Linton
16321 McGlamery Rd
Odessa, FL 33556

ARTICLE V: Effective date, if other than the date of filing: 10 January 10, 2011

REQUIRED SIGNATURE:


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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Tommy L Rinicker
Typed or printed name of signee