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TRANSMITTAL LETTER

Registration Section Division of Corporations TO:

2004 NOV 18 P 1: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA

| SUBJECT: | Castle Commercial Cons | struction Services, LLC | top | | |
|-----------------|---------------------------------------|--|-------------------------------------|--|--|
| ocacer | (Name of I | Limited Liability Company) | | | |
| Florida," Certi | | Liability Company for Authorization to Transe submitted to register the above referenced for a | | | |
| Please return a | all correspondence concerning thi | is matter to the following: | | | |
| | Kim Gessne | er | | | |
| | | (Name of Person) | | | |
| | Lindquist and | Vennum P.L.L.P. | | | |
| | | (Firm/Company) | | | |
| | 80 South 8th Str | eet, Suite 4200 | | | |
| _ | | (Address) | | | |
| | Minneapolis, MN 5 | 5402 | | | |
| | (City | //State and Zip Code) | | | |
| For further inf | ormation concerning this matter, | please call: | | | |
| : | Kim Gessner | at (612)371-2472 | | | |
| <u> </u> | (Name of Person) | (Area Code & Daytime Telephone No | imber) | | |
| STREET ADDRESS: | | MAILING ADDRESS: | | | |
| _ | ration Section | Registration Section | | | |
| | on of Corporations | Division of Corporations | | | |
| | Gaines Street assee, Florida 32399 | P.O. Box 6327 Tallahassee, Florida 32314 | · | | |
| Enclosed is a c | check for the following amount: | | | | |
| □ \$125. | 00 Filing Fee | | ee, Certificate us & Certified Copy | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION ΤΦ8 TRANSACT BUSINESS IN FLORIDA

SECRETARY OF S IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. FL.(LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Castle Commercial Construction Services, LLC (Name of Foreign Limited Liability Company) Minnesota (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 7/23/2003 (Duration: Year limited liability company will cease to (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) Cordova Square Bldg. 21, Suite G, 440 Bayou Blvd. Pennsecola, FL 32503 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Richard Reese 106 Gleahaven Road Wayzata, MN 55391 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) Commercial 11. Nature of business or purposes to be conducted or promoted in Florida: construction and renovation, Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PERS 5

Typed or printed name of signee

KICHMARK

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE 1004 NOV 18 P 1: 10

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THERIDA UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITED TO THE PROVISION OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THERIDA TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of t | he Limited Liability Com | pany is: | | |
|---|--|---|--|--|
| Castle C | ommercial Construct | ion Services, | LLC | |
| 2. The name and | the Florida street address | s of the registered | agent and office are: | |
| | Sheila Strohm | an | | |
| · · · - | | (Name) | | No. 19 in in |
| | 440 Bayou Blvd | • | | |
| - · - · | Florida Street Ac | idress (P.O. Box NO | ACCEPTABLE) | |
| | Pennsecola | FL | 32503 | |
| | | City/State/Zip | | |
| liability company agent and agree t relating to the pro | at the place designated in to act in this capacity. I fu oper and complete perform | this certificate, I have ther agree to comp vance of my duties, | of process for the above state ereby accept the appointment oly with the provisions of all and I am familiar with and In Chapter 608, Florida Stat | nt as registered ! statutes accept the |

| \$ 100.00 | Filing Fee for Application |
|--------------|----------------------------------|
| \$ 25.00 | Designation of Registered Agent |
| \$ 30.00 | Certified Copy (optional) |
| \$ 5.00 | Certificate of Status (optional) |

state of Minnesota

SECRETARY OF STATE

Certificate of Good Standing

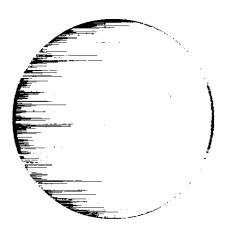
Mary Kiffmeyer, Secretary of State of Minnesota, do I, The limited liability company listed below is a certify that: liability company formed or registered to do business limited under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to filing an application for a certificate of business by authority with the Office of the Secretary of State on the date listed below: the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: Castle Commercial Construction Services, LLC

Date Formed or Registered: July 23, 2003

State of Organization: Minnesota

This certificate has been issued on October 20, 2004.



Mary Hiffmager Secretary of State.