L04000030827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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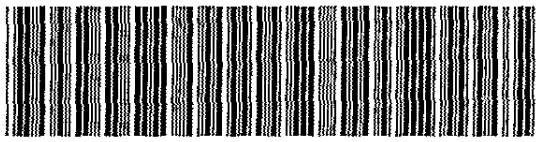

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TALLAHASSEE FLORIDA

L04-30827
QC

EFFECTIVE DATE
5-1-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHN BYRNE CARPENTER, 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:

JOHN ANDREW BYRNE
(Name of Person)

JOHN BYRNE CARPENTER, LLC
(Firm/Company)

820 IOWA AVE.
(Address)

LYNN HAVEN, FLORIDA 32444
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE at (850) 785-4412
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

EFFECTIVE DATE

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

JOHN BYRNE CARPENTER, 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:**
820 IOWA AVE.	820 IOWA AVE.
LYNN HAVEN, FL 32444	LYNN HAVEN, FL 32444

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TALLAHASSEE, FLORIDA

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

JOHN ANDREW BYRNE
Name

820 IOWA AVE.
Florida street address (P.O. Box **NOT** acceptable)

LYNN HAVEN, FLORIDA 32444
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, Florida Statutes..

Registered Agent's Signature

EFFECTIVE DATE
5-1-04

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	JOHN ANDREW BYRNE 820 IOWA AVE. LYNN HAVEN, FL 32444

(Use attachment if necessary)

ADD ARTICLE

ARTICLE V - EFFECTIVE DATE
The Effective Date of this Company shall be May 1, 2004.

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TALLAHASSEE, FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

John A Byrne

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.)

JOHN ANDREW BYRNE
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)