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OFFICE OF THE CLERK OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARLES B. KALB JR. LLC
(Name of Limited Liability Company)

FILED
04 JAN 14 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Charles B. Kalb Jr. LLC
(Name of Person)

Charles B. Kalb Jr.
(Firm/Company)

4533 Hickory Forest Cir.
(Address)

TALLA, FLA - 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Toni E. Kalb at (850) 562-0449 (222 5990)
(Name of Person) (Area Code & Daytime Telephone Number)
Pcb

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHARLES R. KALB JR. LLC

ARTICLE II - Address:

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

Principal Office Address:

4533 Hickory Forest Cir
TALLA FLA
32301

Mailing Address:

1520 Green St.
TALLA FLA
32303

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

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

Charles R. Kalb Jr.
Name

4533 Hickory Forest Cir
Florida street address (P.O. Box **NOT** acceptable)

TALLA FLA 32303
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.

Charles R. Kalb Jr. LLC
Registered Agent's Signature

(CONTINUED)

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

Mike Estep
13060 Ringneck DR Tall Fla. 32312
Mike Estep

-MGRM

Mike Holmes
13232 Meridian Rd Tall Fla. 32312
Mike Holmes

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Charles R. Kall Jr.
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.)

CHARLES R. KALL JR.
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)