

LO 100000 10986

Sonya Daws, P.A.  
A Professional Association  
3838 Killearn Court  
Tallahassee, FL 32308  
(850)668-5246 phone / (850)668-5613 fax

Runner Sheet

DATE: 10/02/01

DELIVER TO/PICK UP FROM: Dept. of State

LOCATION: \_\_\_\_\_

DESCRIPTION OF ITEM TO BE DELIVERED/PICKED UP: Wood-Hopkins  
Contracting, LLC

RETURN RECEIPT: \_\_\_\_\_

SPECIAL INSTRUCTIONS: Effective Date  
10-3-01

REQUESTED BY: Diana

200004620102--4  
-10/02/01--01048--001  
\*\*\*\*125.00 \*\*\*\*125.00

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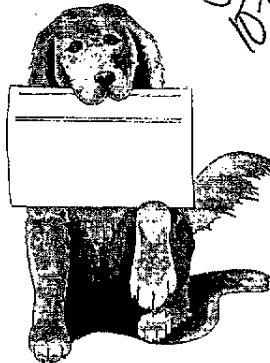
Received by \_\_\_\_\_

Date \_\_\_\_\_

WOL-2277T

10-4-01

RECEIVED  
01 OCT -2 AM 11:30  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA







FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 2, 2001

SONYA DAWS, P.A.  
3838 KILLEARN CT  
TALLAHASSEE, FL 32308

SUBJECT: WOOD-HOPKINS CONTRACTING, LLC  
Ref. Number: W01000022771

We have received your document for WOOD-HOPKINS CONTRACTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 2, 2001. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 501A00055322

01 OCT -3 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AND  
FILED



# ARTICLES OF ORGANIZATION OF WOOD-HOPKINS CONTRACTING, LLC

## ARTICLE I – Name:

The name of the Limited Liability Company is:

**WOOD-HOPKINS CONTRACTING, LLC**

## ARTICLE II – Address:

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

**1901 Hill Street  
Jacksonville, FL 32206**

## ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

**Paul W. Gilbert**

Name

**1901 Hill Street**

Florida street address (P.O. Box NOT acceptable)

**Jacksonville, FL 32206**

City, State and Zip

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

*Paul W. Gilbert*

Registered Agent's Signature

## ARTICLE IV – Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

## ARTICLE V – The effective date:

The effective dated of the Limited Liability Company shall be October 3 ~~September 21, 2001~~. *(PWG)*

(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.)

*Paul W. Gilbert*

**Paul W. Gilbert  
Managing Member**

APPROVED  
AND  
FILED  
OCT 3 2001  
AM 9:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA