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2003 SEP 25 PM I2: 57

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jand R Construction 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:
Rebecca West (Name of Person)
Jand R Construction LLC (Firm/Company)
832 NE 80th Ave okeechobee, FLA 34974
Okee habee FL 34974 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (863) 763 4841 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: Jand R. Construction ARTICLE II - Address: The mailing address and street address of the principal of		
Principal Office Address:	Mailing Address:	
OKRELLABORE, FLA 34974	BB2 NE 80th Aue OKERCHODER, FL3497Y	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:	
The name and the Florida street address of the registered agent are: Name Name		
Florida street address (P.O. Box NOT acceptable)		
Okeechobec FL 34974 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		

(CONTINUED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Rebean West
0 -	OKERCHOLER, FL 3497 4
merm	OKERTA DE BOTH AVE
	25 P
(Use attachment if necessary)	PAIN: 57
NOTE: An additional article must be	e added if an effective date is requested.
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.)

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)