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(Re	equestor's Name)	
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	#)
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(Su	siness Entity Nam	e)
(Do	cument Number)	<u> </u>
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J. BRYAN OCT 2 4 2003

TRANSMITTAL LETTER

Registration Section

Division of Corporations		
SUBJECT: MAJESTIC CUSTOM HOM	MES, LLC	
	mited Liability Company)	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
	ن. بـر	
PAUL ASHFORD		
(Name of Person)		
	The Control of the Co	
MAJESTIC CUSTOM HOMES, LLC		
(Firm/Company)	TONE PORT	
4132 LANCASTER GATE		
(Address)		
PACE, FL 32571		
(City/State and Zip Code)		
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For further information concerning this matter, pleas	se caii:	
PAUL ASHFORD	at (850) 554-0697	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399	Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MAJESTIC CUSTOM HOMES, LLC

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address:</u>
4132 LANCASTER GATE	4132 LANCASTER GATE
PACE, FL 32571	PACE, FL 32571
ARTICLE III - Registered Agent, Registered C	
PAUL M. ASHFORD	
Name	Sign II
4132 LANCASTER GATE	
Florida street address (P.O. I	Box NOT acceptable)
PACE	FL 32571
City, State, and	i Zip T

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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address: Member
MGRM	_ PAUL ASHFORD
17101111	4132 LANCASTER GATE
	PACE, FL 32571
	PACE, FL 32571
	Sign 14
	→ 0.
	A support

(Use attachment if nece	ssary)
NOTE: An additional	article must be added if an effective date is requested.
REQUIRED SIGNAT	URE:
	i Chambrell
Sign	ature of a member or an authorized representative of a member.
/7m a	and an action (08 408/3) Floride Century (4) and ution
of th	ccordance with section 608.408(3), Florida Statutes, the exclution is document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
P/	AUL ASHFORD
	Typed or printed name of signee

<u>Filing Fees:</u> \$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)