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2003 OCT 24 AM 8:37  
CORPORATION  
ALBANY, FLORIDA

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J. BRYAN OCT 29 2003

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIXEN 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:

JOEL MIXEN  
(Name of Person)

MIXEN CONSTRUCTION LLC  
(Firm/Company)

869 ROBINHOOD DRIVE  
(Address)

FERNANDINA BEACH FL 32134  
(City/State and Zip Code)

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2003 OCT 24 AM 8:37  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JOEL MIXEN at ( 904 ) 321-4188  
(Name of Person) (Area Code & Daytime Telephone Number)

**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: **MIXEN CONSTRUCTION LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

MIXEN CONSTRUCTION LLC  
869 ROBINHOOD DRIVE  
FERNANDINA BEACH FL 32134

**Mailing Address:**

MIXEN CONSTRUCTION LLC  
869 ROBINHOOD DRIVE  
FERNANDINA BEACH FL 32134

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

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

JOEL MIXEN

Name

869 ROBINHOOD DRIVE

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

FERNANDINA BEACH FL 32134

City, State, and Zip

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STATE REGISTRATIONS  
TALLAHASSEE, FLORIDA

*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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JOEL MIXEN

869 ROBINHOOD DRIVE

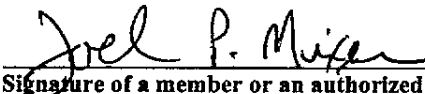
FERNANDINA BEACH FL 32134

JOEL MIXEN

(Use attachment if necessary)

**NOTE: An additional article must be 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.)

JOEL MIXEN

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)**

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2009 OCT 24 AM 8:37  
HALLANDALE BEACH, FLORIDA