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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	iy/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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J. BRYAN NOV 2 1 2003

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Odom Can Struction 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:
Ron Benfield (Name of Person) Ron Benfield (Name of Person)
Ron Benfield Accounting (Firm/Company)
58 Sioux Circle
Havang Fl 32333 (City/State and Zip Code)
For further information concerning this matter, please call:
Ron Benfield at (850) 539-5171 (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 Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	ited Liability Company is:	
Adam	Construction	LLC

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:	
2309 Haverhill Rd	2309 Haverhill Kd	
Tall, F1 32312	19/14 32312	
1 F		

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

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

Ron Ben field

Name

58 Sioux Ciecle

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

Havana FL 32333

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..

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	Name and Address:
"MGRM" = Managing Member	
morm	Sharron Odom 2309 Haverhill Rd 1011 H 32312
MGRM	2309 Havekhill Rd
merm	Robert E Orbon JR 2309 Havechill Rd 1011 FT 32312
(Use attachment if necessary)	st be added if an effective date is requested.
NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	TORPINGS
hon Bu	fuld
Signature of a me	ber or an authorized representative of a member.
	n section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury

Filing Fees:

Benfield
Typed or printed name of signee

that the facts stated herein are true,

\$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)