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03 NOV 20 AM 10:41
TALLAHASSEE, FLORIDA

JOHN C. TRENTELMAN
ATTORNEY AT LAW

207 NORTH MAGNOLIA AVENUE
P.O. BOX 5863
OCALA, FLORIDA
34475

REAL ESTATE
PROBATE
GENERAL PRACTICE

TELEPHONE 352-732-6977
FAX 352-732-6981

November 19, 2003

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee Florida 32314

Re: JOE OWEN CONSTRUCTION, LLC.

Gentlemen:

Enclosed please find original and one copy of Articles of Organization of the captioned limited liability corporation which I ask that you approve and file.

Also enclosed is a check to your order in the sum of \$133.75 representing statutory filing fee, costs of certifying one copy of the Articles, the filing tax, and certificate of resident agent.

Would you kindly certify the enclosed copy and return it to me.

Very truly yours,



John C. Trentelman

JCT/vmc
enclosure

ARTICLES OF ORGANIZATION
JOE OWEN CONSTUCTION, LLC
A LIMITED LIABILITY COMPANY
(Pursuant to Chapter 608, Florida Statutes)

FILED
03 NOV 20 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

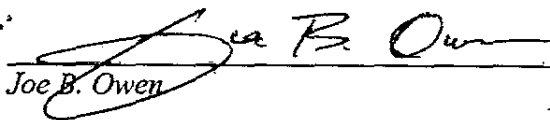
1. **Name.** The name of the limited liability company is JOE OWEN CONSTUCTION, LLC.
2. **Purpose.** The purpose of this limited liabilty company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:

12101 NE Hwy 315, Ft. McCoy, FL 32134
4. **Mailing Address.** The mailing address of the limited liability company is:

P.O. Box 99, Silver Springs, FL 34489
5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.
6. **Period of Duration.** The period of duration shall be perpetual.
7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s). The initial member is Joe B. Owen, 12101 NE Hwy 315, Ft. McCoy, FL 32134
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are::


Joe B. Owen
12101 NE Hwy 315
Ft. McCoy, FL 32134

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 provisional 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.


Joe B. Owen

8. **Effective Date.** The effective date of the limited liability company shall be:

November 14, 2003


Joe B. Owen
Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS


STATE OF FLORIDA
COUNTY OF MARION

The undersigned Joe B. Owen, a member of Owens Construction., LLC, deposes and says:

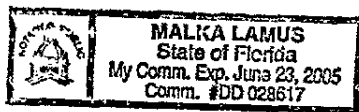
- (1) The above named limited liability company has at least one member.
- (2) The total amount of cash contributed by the members is \$1,000.00.
- (3) If any, the agreed value of property other than cash contributed by members is \$0.00. A description of the property is attached and made a part of this affidavit.
- (4) The total amount of cash or property anticipated to be contributed by members is \$1,000.00. This total includes the amounts from (2) and (3) above.

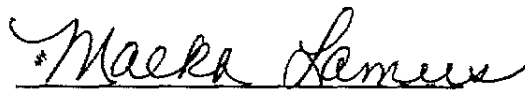
In accordance with Section 608.408(3), Florida Statutes, this execution of this affidavit constitutes an affirmation under penalties of perjury that the facts stated here are true.

Executed this 17, day of Nov, 2003.


Joe B. Owen

The foregoing was acknowledged before me by Joe B. Owen., this 17 day of Nov, 2003, who is personally known to me or who produced _____ as identification, and who did not take an oath.




Notary Public, State of Florida
My commission expires _____