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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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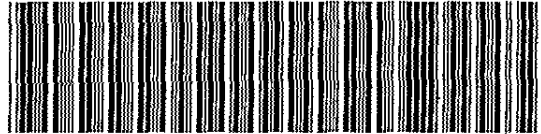
(Business Entity Name)

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12/02/03--01013--011 **155.00

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TALLAHASSEE, FLORIDA

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CERTIFIED CIRCUIT MEDIATOR

ROBERT A. LASH
Also: CERTIFIED GENERAL CONTRACTOR

MICHAEL J. MEADORS

PERSONAL INJURY AND WRONGFUL DEATH
WORKERS' COMPENSATION
FAMILY LAW
CONSTRUCTION LAW
GENERAL PRACTICE

November 25, 2003

Registration Section
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, FL 32314

Re: Leon Jones Construction, L.L.C.

Dear Sir or Madam:

Enclosed are Articles of Organization to be filed for the referenced limited liability company.

Also enclosed is Leon Jones check in the amount of \$155.00, which consists of:

\$100.00	Filing the Articles of Organization
\$ 30.00	Certified copy of Articles of Organization
\$ 25.00	Designation of Resident Agent
<u>\$155.00</u>	

Please call if you have any questions.

Very truly yours,



Robert Lash

Enclosures

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ARTICLES OF ORGANIZATION

LEON JONES CONSTRUCTION, L.L.C.

A LIMITED LIABILITY COMPANY

EFFECTIVE DATE

11-30-03

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is Leon Jones Construction, L.L.C.
2. **Purpose.** The purpose of this limited liability 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:

7717 N.W. 179th Street
Alachua, FL 32615
4. **Mailing Address.** The mailing address of the limited liability company is:

7717 N.W. 179th Street
Alachua, FL 32615
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).
9. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida Street address of the registered agent are::

M. L. Jones
7717 N.W. 179th Street
Alachua, FL 32615


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

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TALLAHASSEE, FLORIDA

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.


M. L. Jones

8. **Effective Date.** The effective date of the limited liability company shall be: November 30, 2003.


M. L. Jones
Managing 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.)

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