

TRANSMITTAL LETTER

FILED
03 DEC -3 PM 2:43
OFFICE OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS M. HOLLEY BUILDER, 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:

THOMAS M. HOLLEY
(Name of Person)

THOMAS M. HOLLEY BUILDER, LLC
(Firm/Company)

1370 LAKEWOOD DR.
(Address)

JACKSONVILLE, FL 32259
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM HOLLEY at (904) 655-5123
(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

FILED
03 DEC -3 PM 2:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

THOMAS M. HOLLEY BUILDER, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1370 LAKEWOOD DR.
JACKSONVILLE, FL 32259

Mailing Address:

1370 LAKEWOOD DR.
JACKSONVILLE, FL 32259

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

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

THOMAS M. HOLLEY
Name

1370 LAKEWOOD DR.
Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FLORIDA 32259
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, Florida Statutes..

Thomas M. Holley
Registered Agent's Signature

FILED

03 DEC -3 PM 2:43

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR.

THOMAS M. HOLLEY
1370 LAKEWOOD DR
JACKSONVILLE, FL 32259

(Use attachment if necessary)

ARTICLE ~~V~~ EFFECTIVE DATE

THESE ARTICLES OF ORGANIZATION SHALL BE EFFECTIVE DECEMBER 1ST 20

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Thomas M. Holley

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.)

THOMAS M. HOLLEY

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)