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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN DEC 30 2003

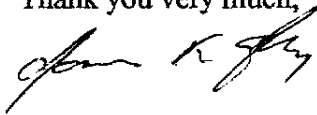
December 15, 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

James Murphy  
James Murphy Finish Carpentry, LLC  
Post Office Box 76  
Istachatta, FL 34636  
Telephone: (352)799-4470  
Cell: (352)584-1711

Re: Application for Articles of Incorporation of Limited Liability Company. I would appreciate very much if I can get my registration as soon as it's convenient.

Thank you very much,



James Murphy

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAMES MURPHY FINISH CARPENTRY, 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:

JAMES MURPHY  
(Name of Person)

JAMES MURPHY FINISH CARPENTRY, LLC  
(Firm/Company)

P.O. 76  
(Address)

ISTACHATTA, FLORIDA 34636  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES MURPHY at (352) 799-4470  
(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:

JAMES MURPHY FINISH CARPENTRY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

28373 PETERSON CAMP RD  
ISTACHATTA, FL 34636

**Mailing Address:**

P.O. BOX 76  
ESTACHATTA, FL 34636

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

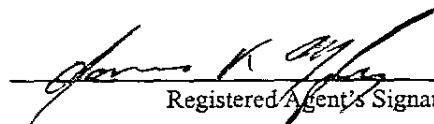
The name and the Florida street address of the registered agent are:

JAMES MURPHY  
Name

28373 PETERSON CAMP RD  
Florida street address (P.O. Box NOT acceptable)  
ESTACHATTA FL 34636  
City, State, and Zip

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*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:**

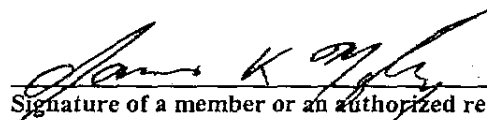
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TALLAHASSEE, FLORIDA

(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.)

JAMES MURPHY  
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)