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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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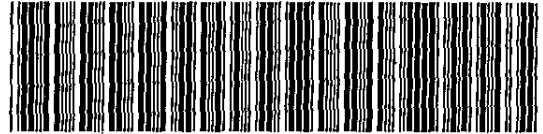
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JEFF JAMES Windows & Doors A/C, 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:

Jeffrey S James
(Name of Person)

JEFF JAMES Windows & Door A/C
(Firm/Company)

5582 NE Hwy 316
(Address)

Spartan FL 32192
(City/State and Zip Code)

For further information concerning this matter, please call:

JEFF JAMES at 352-572-1647
(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

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TALLAHASSEE, FLORIDA

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PHONE (352) 732-0873
(800) 732-8699
FAX (352) 867-5820

Kinco, Ltd.

765 N.W. 30TH AVENUE
OCALA, FLORIDA 34475-5603

JEFF JAMES Windows

5582 EAST Hwy 316
Sparr Fl. 32192

Day time Phone 732-0873
572-1647

A/C
Doors
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JEFF JAMES Windows & Doors H/C, LLC

ARTICLE II - Address:

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

Principal Office Address:

5582 E Hwy 316
Sparr Fl. 32192

Mailing Address:

Same

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

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

Jeffrey S James
Name
5582 NE Hwy 316
Florida street address (P.O. Box NOT acceptable)
Sparr Fl. FLORIDA 32192
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..

[Signature]
Registered Agent's Signature

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 TALLAHASSEE, FLORIDA

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:MGR

Jeffrey S James
5582 NE Hwy 316
Sparr FL 32192

(Use attachment if necessary)

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 TALLAHASSEE, FLORIDA

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

Jeffrey S James
 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.)

Jeffrey S James
 Typed or printed name of signer

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)