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## TRANSMITTAL LETTER

| SUBJECT: JIMMY L HUBANKS BUILDER, LLC                                     |             |
|---|-------------|
| (Name of Limited Liability Company)                                       |             |
| he enclosed Articles of Organization and fee(s) are submitted for filing. |             |
| Please return all correspondence concerning this matter to the following: |             |
| JIMMY L HUBANKS   | _           |
| (Name of Person)  | •           |
| JIMMY L HUBANKS BUILDER, LLC  | <del></del> |
| (Firm/Company)  |             |
| 1640 TEXAR DR   |             |
| (Address)   |             |
| PENSACOLA, FL 32503   | <u>.</u>    |
| (City/State and Zip Code)   | <b>2</b> 第  |
| For further information concerning this matter, please call:              | O4 JAN 12   |
| JIMMY L HUBANKS at ( 850 ) 341-8117                                       | PK 12       |
|   |             |

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

| JIMMY L HUBANKS BUILDER, LLC  ARTICLE II - Address: The mailing address and street address of the principal office   |  |
|--|--|
|  |  |
|  | e of the Limited Liability Company is: |
| Principal Office Address: Ma   | iling Address:                         |
| 1640 TEXAR DR 164  | 0 TEXAR DR                             |
| PENSACOLA, FL 32503  | NSACOLA, FL 32503                      |
|  |  |
| ARTICLE III - Registered Agent, Registered Office, & R The name and the Florida street address of the registered age | Registered Agent's Signature:          |
| JIMMY L HUBANKS Name   | <b></b>                                |
| Name   | PM 12: 32                              |
| 1640 TEXAR DR  | <u> </u>                               |
| Florida street address (P.O. Box NOT acc   | peptable)                              |
| PENSACOLA FLORID.  City, State, and Zip  | A 32503                                |

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

| Title:  | Name and Address:  |           |  |
|---|--|-----------|--|
| "MGR" = Manager   |  |           |  |
| "MGRM" = Managing Member  |  |           |  |
| MGRM  | JIMMY L HUBNKS (Hubanks)   | ) .       |  |
|   | 1640 TEXAR DR  | _         |  |
|   | PENSACOLA, FL 32503  |           |  |
| MGRM  | SUMMER S HUBANKS_  |           |  |
| ,   | 2700 N 16TH ST   | -         |  |
|   | PENSACOLA, FL 32503  | ٠ ٠.      |  |
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|   |  | 2         | - 3 <sup>™</sup>                             |
| NOTE: An additional article must  | be added if an effective date is requested.  | 3         | ) (C)  |
| REQUIRED SIGNATURE:   |  | PH 12: 32 | برگران<br>جندید                              |
| Jum   | y L. Hebank  | 83        | SH.  |
| Signature of a member or 4  | nauthorized representative of a member.  |           |  |
| (In accordance with section 6 of this document constitutes a that the facts stated herein are | 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury e true.) |           |  |
| JIMMY L HUBANKS   |  |           | ***  |
| 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)