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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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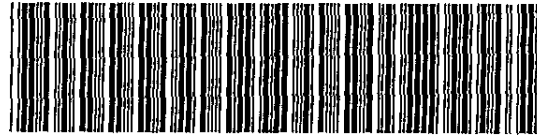
(Business Entity Name)

(Document Number)

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2004 JAN 12 AM 8:21
TALLAHASSEE, FLORIDA

J. BRYAN JAN 20 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPELLA CONSTRUCTION,LLC (CCC,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:

KARYN CAPELLA
(Name of Person)

CAPELLA CONSTRUCTION,LLC(CCC,LLC)
(Firm/Company)

7525 S.W. 22ND AVE
(Address)

GAINESVILLE,FLORIDA 32607
(City/State and Zip Code)

For further information concerning this matter, please call:

KARYN CAPELLA at (352) 332-5689
(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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
2004 JAN 12 AM 8:22
SHAW-WALKER CORPORATION
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAPELLA CONSTRUCTION, LLC

ARTICLE II - Address:

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

Principal Office Address:

7525 S.W. 22ND AVE

GAINESVILLE, FLORIDA 32607

Mailing Address:

7525 S.W. 22ND AVE

GAINESVILLE, FLORIDA 32607

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

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

KARYN CAPELLA

Name

7525 S.W. 22ND AVE

Florida street address (P.O. Box NOT acceptable)

GAINESVILLE

FLORIDA 32607

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..

Karyn Capella

Registered Agent's Signature

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

KARYN CAPELLA

7525 S.W. 22ND AVE

GAINESVILLE, FLORIDA 32607

MGMR

JOSEPH CAPELLA

7525 S.W. 22ND AVE

GAINESVILLE, FLOIRDA

(Use attachment if necessary)

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2004 JAN 12 AM 8:22
JANON CORPORATION
TALLAHASSEE, FLORIDA

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.)

KARYN CAPELLA

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)