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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY**J. WRIGHT CONSTRUCTION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

04 MAR 17 PM 6:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **J. WRIGHT CONSTRUCTION LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:

4368 Floridatown Road

4368 Floridatown Road

Pace, FL 32571

Pace, FL 32571

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

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

Angie Wright

Name

4109 Adams Road

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Pace, FL 32571

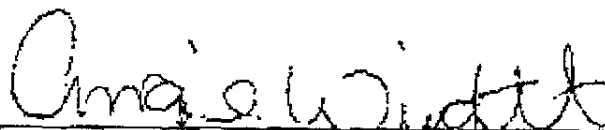
(City / State / Zip)

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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.

X



Registered Agent's Signature - Angie Wright

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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

Jeff Wright- 4109 Adams Road, Pace, FL 32571

MGRM

Angie Wright- 4109 Adams Road, Pace, FL 32571

MGRM

Robert Wright- 7719 KY. HWY 172, Flat Gap, KY 41219

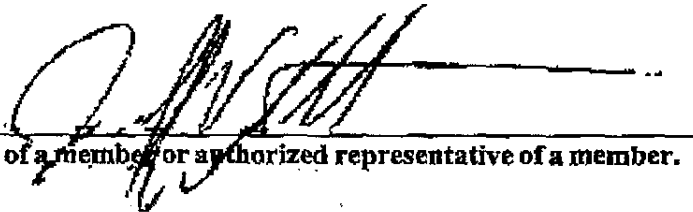
MGRM

Judy Wright- 7719 KY. HWY 172, Flat Gap, KY 41219

(Use attachment if necessary)

REQUIRED SIGNATURE:

X



Signature of a member or 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.)

Jeff Wright

Typed or printed name of signee

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