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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Duringer Falls Name)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Joe Giles L. L. C.  (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:		
Toe W. Giles Jr (Name of Person)		
Joe Giles L.L.C. (Firm/Company)		
10845 Old Tampa Rd. (Address)		
PArrish Fla. 34219 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Joe w. Giles Jr at (941) 776-8177  (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:			
Joe Giles L	L.C.		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
10845 Old TAMJA Rd.	10845 Old Tampa Rd		
Parrish Fla.	Parrish Fla.		
34219	34219		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:			
Joe w. Gil			
10845 Old Tam f Florida street address (P.O. Box 1	-		
Parrish Eity, State, and Zip	LORIDA 34219		

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)

The name and address of each Manager or Managing Member is as follows:		
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Joe W. G.les Jr. 10845 Old Tampa Rd. Parrish Fla. 34219	
(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 au (In accordance with section 608.	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ie.)	

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)

Toe w (a, )es Tr.

Typed or printed name of signee