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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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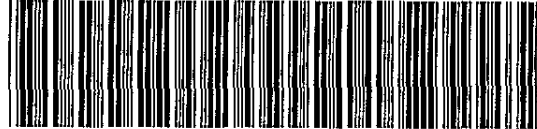
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EFFECTIVE DATE
4/1/04

04/02/04--01027-006 *\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2304 APR -2 P 8:21

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

EFFECTIVE DATE
4/1/04

SUBJECT: JOHN COX CONSTRUCTION, 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:

JOHN E. COX
(Name of Person)

JOHN COX CONSTRUCTION LLC
(Firm/Company)

5059 BONE CREEK ROAD
(Address)

HOLT, FLORIDA 32564
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN E. COX at (850) 537-4618
(Name of Person) (Area Code & Daytime Telephone Number)

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2004 APR -2 P 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

EFFECTIVE DATE
4/1/04

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOHN COX CONSTRUCTION, LLC

ARTICLE II - Address:

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

Principal Office Address:

5059 BONE CREEK ROAD

HOLT, FLORIDA 32564

Mailing Address:

5059 BONE CREEK ROAD

HOLT, FLORIDA 32564

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

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

JOHN E. COX

Name

5059 BONE CREEK ROAD

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

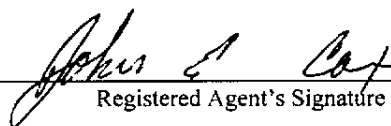
HOLT

FLORIDA 32564

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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" _____

JOHN E. COX

5059 BONE CREEK ROAD

HOLT, FL 32564

(Use attachment if necessary)

ARTICLE V:

EFFECTIVE DATE: APRIL 1, 2004

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.)

JOHN E. COX

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)