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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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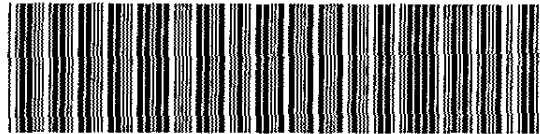
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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laurence Construction Management, 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:

Karl G. Laurence
(Name of Person)

(Firm/Company)

2415 St. Augustine Road, #1124
(Address)

Tallahassee, FL 32301
(City/State and Zip Code)

For further information concerning this matter, please call:

Karl G. Laurence at (305) 490-5484
(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lawrence Construction Management, LLC

ARTICLE II - Address:

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

Principal Office Address:

2415 Old St. Augustine Rd
St. Augustine Hills Apt. 1124
Tallahassee, FL 32301

Mailing Address:

2415 Old St. Augustine Rd
St. Augustine Hills Apt. 1124
Tallahassee, FL 32301

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

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

Karl G. Lawrence
Name
2415 Old St. Augustine Rd, #1124
Florida street address (P.O. Box NOT acceptable)
Tallahassee, FL 32301
City, State, and 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..

Karl G. Lawrence
Registered Agent's Signature

(CONTINUED)

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:

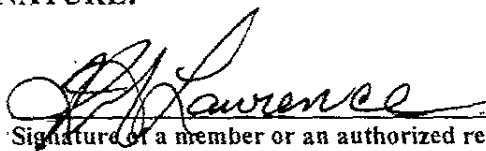
MGRM

Karl G. Lawrence
2415 St. Augustine Rd. #1124
Tallahassee, FL 32301

(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 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.)

Karl G. Lawrence

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)

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