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SECRETASSEE FLORIDA

TALLANASSEE FLORIDA

TRANSMITTAL LETTĒR

TO: Registration Section Division of Corporations	•
SUBJECT: 6 ! L Construction LLC (Name of Limited Liability Company)	<u> </u>
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Grego Jones (Name of Person)	OF JUN SECRE
(Firm/Company)	ANSSEE FL
1833 Halstead Blvd # 609	21 ORIDA
Tallahussee FL 32309 (City/State and Zip Code)	
For further information concerning this matter, please call:	- -
(Name of Person) at (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

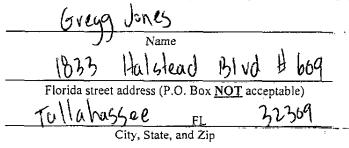
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:
6 % L Co	nstruction, LLC
ARTICLE II - Address: The mailing address and stree	t address of the principal office of the
Principal Office Address:	Mailing A

Principal Office Address:	Mailing Address:
1833 Halstead Blvd # 609	
Tallahassee FL 32309	- SA-Me

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

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



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..

Registered Agent's Signature

(CONTINUED)

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Limited Liability Company is:

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		
MERM		Gregg Robnes 1833 Halstend Blvd 4609
MGRM		Tallahassee, FL 32309 VISA V Jones
	n,	1837 Halotrad Blud +600 Tollahassee, FL 32309
		OL JUN T
		See P. T.
	, ,	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member of 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.)

LGG R JONES

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)