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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WARD CONSTRUCTION & CONSULTING, 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:

RICHARD A. GLOVER

(Name of Person)

RICHARD A. GLOVER, C.P.A., P.A.

(Firm/Company)

POST OFFICE BOX 12612

(Address)

TALLAHASSEE, FLORIDA 32317

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RICHARD A. GLOVER, CPA, PA

(Name of Person)

at (850) 422-1042

(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:

WARD CONSTRUCTION & CONSULTING, 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:

255 FIRE ESCAPE ROAD

ST. MARKS, FLORIDA 32355

Mailing Address:

POST OFFICE BOX 607

ST. MARKS, FLORIDA 32355

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

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

RICHARD A. GLOVER, C.P.A., P.A.

Name

1809 MICCOSUKEE COMMONS DRIVE, #108

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

TALLAHASSEE, FLORIDA 32308

City, State, and Zip

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TALLAHASSEE, FLORIDA

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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, Florida Statutes..



Registered Agent's Signature

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member

Name and Address:

"MGRM"

JAMES T. WARD

POST OFFICE BOX 607

ST. MARKS, FLORIDA 32355

"MGRM"

CHARLES E. BARTLETT

205 NORTH DELLVIEW DRIVE

TALLAHASSEE, FLORIDA 32303

"MGRM"

CHRISTOPHER A. VAILLANCOURT

POST OFFICE BOX 122

ST. MARKS, FLORIDA 32355

(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.)

Richard A. Glover

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)