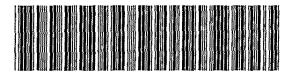
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TRANSMITTAL LETTER

Divisio	on of Corporations		
SUBJECT:	R & R FRAMING AND CARPENTRY, LLC		
	(Name of Limited Liability Company)	-	
The enclosed A	articles of Organization and fee(s) are submitted for filing.		
	Please return all correspondence concerning this matter to the following:		
	CHRISTOPHER ROBIN JACKSON		
	(Name of Person)		
	R & R FRAMING AND CARPENTRY, LLC	····	
	(Firm/Company)		
	1601 VIRGINIA AVE.		
	(Address)		
	LYNN HAVEN, FL 32444		
	(City/State and Zip Code)	o =	
For further info	rmation concerning this matter, please call:	_I vision of Corporat 04 Jun 30 PM12:	
CONNIE THA	at (0 605	
	(Name of Person) (Area Code & Daytime Telephone Number)	PHIZ: C	TATS #

STREET ADDRESS:

TO:

Registration Section

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

	R & R FRAMING AND CARPE	ENTRY, LLC
ARTICLE II - Add	iress:	
The mailing address	s and street address of the princ	ipal office of the Limited Liability Company
Principal Office A	ddress:	Mailing Address:
1601 VIRGINIA AVE.		1601 VIRGINIA AVE.
LYNN HAVEN, FL 3	2444	LYNN HAVEN, FL 32444
		04 Vis
	and the second s	
ARTICLE III - Re The name and the F	gistered Agent, Registered O lorida street address of the regi	ffice, & Registered Agent's Signature:
ARTICLE III - Re The name and the F	egistered Agent, Registered O lorida street address of the regi	ffice, & Registered Agent's Signature: Stered agent are: JACKSON LYNN HAVEN, FL 32444
ARTICLE III - Re The name and the F	egistered Agent, Registered O lorida street address of the regi CHRISTOPHER ROBIN . Name	ffice, & Registered Agent's Signature: stered agent are:
ARTICLE III - Re The name and the F	egistered Agent, Registered O lorida street address of the region CHRISTOPHER ROBIN Name	
ARTICLE III - Re The name and the F	Name	VE.

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) EFFECTIVE DATE

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 MGRM CHRISTOPHER ROBIN JACKSON 4606 BRANNON RD PANAMA CITY, FL 32404 (Use attachment if necessary) ADD ARTICLE ARTICLE V - EFFECTIVE DATE The effective date of this Company shall be July 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.)

CHRISTOPHER ROBIN JACKSON

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)