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(Requestor's Name)	TI	- L
(Address)		800039116018
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name) (Document Number)	_	07/23/0401010002 **155.00
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TERRIE G. PATTERSON 9234 FRED ST. HUDSON FL 34669 (727) 863-6891 (727)243-3867

Please send a certified copy to the address above. Thank you.

FILED

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SELPETARY OF STATE

TRANSMITTAL LETTER

FILED

TO: Registration Section Division of Corporations

2004 JUL 23 P 3: 25 =

SUBJECT: To G. PATTERSON Comstruction (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:

Terrie G. PATTERSON

T. G. PATTERSON (MStruction)

9234 Fred St. (Address)

Hudson F1 34669
(City/State and Zip Code)

For further information concerning this matter, please call:

Terrie or Julie Pattersondr (727) 863-6891
(Name of Person) (Area Code & Dayline 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

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: The name and the Florida street address of the registered agent are: The name and the Florida street address of the registered agent are: Terric Patters on Name 9334 Fred 54. Florida street address (P.O. Box NOT acceptable) Ludson Florida street address (P.O. Box NOT acceptable) City, State, and Zip

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)

ARTICLE IV- Manager(s) or Mana The name and address of each Manage	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: 200 JUL 23 P 3: 25
Terrie G. Patterson	Terric PATTERSON DE STATE 9234 Fred 57 Hudson, F1 34669
_ 	
(Use attachment if necessary)	
NOTE: An additional article must be	se added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	6 Patterson er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated he	ction 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury

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)