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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

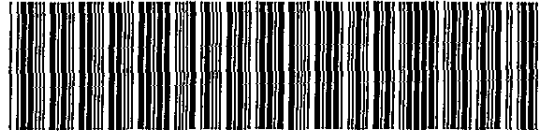
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 26 PM 12:22

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JAMES WILLIAMS PLASTERING, 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:

JAMES MONROE WILLIAMS
(Name of Person)

JAMES WILLIAMS PLASTERING, LLC
(Firm/Company)

327 DERONDO STREET
(Address)

PANAMA CITY BEACH, FL 32413
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE THARPE at (850) 785-4412
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

JAMES WILLIAMS PLASTERING, LLC

ARTICLE II - Address:

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

Principal Office Address:

327 DERONDO STREET

PANAMA CITY BEACH, FL 32413

Mailing Address:

327 DERONDO STREET

PANAMA CITY BEACH, FL 32413

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

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

JAMES MONROE WILLIAMS

Name

327 DERONDO STREET

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

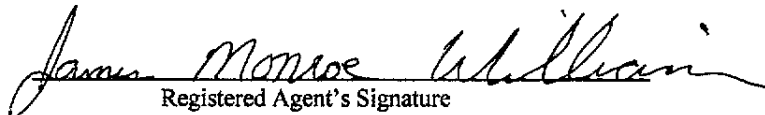
PANAMA CITY BEACH, FLORIDA 32413

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

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

JAMES MONROE WILLIAMS

327 DERONDO STREET

PANAMA CITY BEACH, FL 32413

(Use attachment if necessary)

ADD ARTICLE

ARTICLE V - EFFECTIVE DATE

The effective date of this Company shall be August 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.)

JAMES MONROE WILLIAMS

Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 04 JUL 29 PM 12:22
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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)