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SECRETARY OF STATE

## TRANSMITTAL LETTER

Division	of Corporations				
SUBJECT:	J & J WELDII	NG & UNDERGROUND CA	BLE, LLC		
	(Name	of Limited Liability Company			
The enclosed Art	icles of Organization and fi	ee(s) are submitted for filing.			
	Please return all cor	rrespondence concerning this n	natter to the follow	ing:	
		JOSEPH JENKINS_			
·		(Name of Person)			
	1&1	WELDING & UNDERGROU	IND CABLE, LLC	;	
<del></del>		(Firm/Company)			
		4057 161ST RD.			
		(Address)			
		LIVE OAK , FL 32060		SECRETA SECRETA	W. E. M.
		(City/State and Zip Code)		SSEI - S	£
For further inform	nation concerning this matt	ter, please call:		CF STATE	
JOS	EPH JENKINS	at ( 386 )	364-5837		
	(Name of Person)	(Area Code &	Daytime Telephone	Number)	

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

	<b>~</b>	í		
The name of the Limited Liability	y Company is:			
J & J WELDING	& UNDERGROUND	CABLE, LLC		
			•	
ARTICLE II - Address:	l dua ou a Cella o sanisa o is	assess as the L	impiend Liability Co	
The mailing address and street ad	idress of the princip	an office of the L	ilinied Liability Ce	пирапу
Principal Office Address:		Mailing Add	dress:	
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LIVE OAK, FL 32060	<del>-</del>			
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		-		-11
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ARTICLE III - Registered Age	nt, Registered Off	ice, & Registeres	d Agent s Signatu	re:
ARTICLE III - Registered Age The name and the Florida street a			d Agentis Signatu	rei
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		tered agent are:	d Agentis Signatu	re: U
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The name and the Florida street a	SADIE PETTREY Name 14293 111TH PI	tered agent are:	P = 41	rein

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR JOSEPH JENKINS 4057 161ST RD. LIVE OAK, FL 32060 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED, 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.)

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)

Typed or printed name of signee