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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877) 527-3463
Fax Number : (305) 675-2811

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Classic Grading and Site Work LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
Classic Grading and Site Work LLC

ARTICLE II ADDRESS

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

2951 SW 66Th Street
Ocala, FL 34476

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

Having been named as registered agent 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..



A1A REGISTERED AGENT INC. / Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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STATE OF FLORIDA
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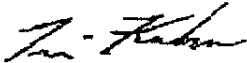
ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Tim Kuhn
2951 SW 66Th Street
Ocala Florida 34476

MANAGING MEMBER:

Fred Freet
1211 NW 42ND Lane
Ocala Florida 34476



Signature of a member or an authorized representative of a
(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.

Tim Kuhn
Typed or printed name of signee

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STATE OF FLORIDA

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