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| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer. | | |
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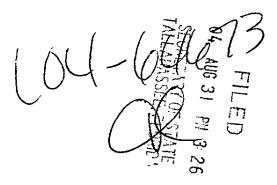
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Ventry Construction 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: |
| Robert Marcus Ventry (Name of Person) |
| Ventry Construction L.L.C (Firm/Company) |
| 324 E. Sharon St. (Address) |
| Cubey F1 32351 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Marc Ventry at (850) 556-9894 PM 2 (Name of Person) at (Area Code & Daytime 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 |
| |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Ventry Construction L.L.C. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

324 E Sharan St. Quincy Fl. 32351

ARTICLE I - Name:

324 E Sharon St Quincy, Fl. 32351

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

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

Robert Morcus Ventry

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

Chincy FL 32351
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 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 | Robert Marcus Ventry 324 E Sharen St. Quincy, Fl. 32351 | |
| | | |
| | O4 | |
| (Use attachment if necessary) | AUG 31 AUG 31 AUGSSEE, | |
| | e added if an effective date is requested. | |
| (In accordance with second of this document constitution) | r or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury | |
| that the facts stated here Robert Mon | | |

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)