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	(Requesto	r's Name)	
	(Address)		
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<u> </u>	(City/State	/Zip/Phone	#)
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	(Business	Entity Nam	e)
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Certified Copies		Certificates	of Status
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TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: JEFF HAMM CONSTRUC	CTION LLC	
	me of Limited Liability Company)	
The enclosed Articles of Organization and	d fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the	following:
JEFF HAMM		
	(Name of Person)	
JEFF HAMM CONSTRUC	CTION LLC	
	(Firm/Company)	
20146 SW 69TH PLACE		
	(Address)	
DUNNELLON, FL 34	431	
	(City/State and Zip Code)	
For further information concerning this m	atter, please call:	7. To 12.
JEFF HAMM	at (352) 427-4871	15
(Name of Person)	(Area Code & Daytime Tele	phone Number)

TO:

Registration Section

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

ice of the Limited Liability Company is
<u> Mailing Address:</u>
0146 SW 69TH PLACE
UNNELLON, FL 34431
Registered Agent's Signature: gent are:
<u> </u>
acceptable)
DA 34431

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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JEFF HAMM 20146 SW 69TH PLACE DUNNELON, FL 34431
	70. TALL
(Use attachment if necessary)	
NOTE: An additional article must be a	udded if an effective date is requested;
(/ * //	thorized representative of a member. 08(3), Florida Statutes, the execution
of this document constitutes an aft that the facts stated herein are true	firmation under the penalties of perjury
JEFF HAMM Typed or prin	ted 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)