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SECRETARY OF STATE
TALLAHASSEE FILCHIE

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TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Herndo n (Name o	Con Struct of Limited Liability Company)	ion. LLC
The enclosed Article	s of Organization and fee(s	s) are submitted for filing.	
Please return all corr	espondence concerning this	s matter to the following:	
6/2n	(Name of Person)		
Her ndor	Construc (Firm/Company)	tion LLE	04 NO SECRET
	Crack Side (Address)		V 17 MI IG: 51 MRY OF STATE ASSEE, FLCRIDA
Cairo	CA 39 (City/State and Zip Cod	F2 F	ATE ADA
For further informati	on concerning this matter, p	please call:	
Glan (No	Hernden ume of Person)	at (229) 40 (Area Code & Daytime Tel	2-2374 ephone Number)
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET A Registration		MAILING Registration	ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Herndon Const	ruction LLC
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	144 Creek Side Lane Cairo GA 39828
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg	
340 Jong v Florida street address (P.O. F	<u>11 / / / / / / / / / / / / / / / / / / </u>
F, W. R. City, State, and	FL 72548 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:

<u>Title:</u> "MGR" = Manager		Name and Address:
"MGRM" = Managi	ng Member	Clen Herndon
MGRM		Clen Hernden 144 Creek Side Lame Gairo Ga 39828
* ***		
,	_	SEC TALL
		NOV II
(Use attachment if no	ecessary)	added if an effective data is requested.
NOTE: An additio	nal article must be	added if an effective date is requested 57 50
REQUIRED SIGNA	ATURE:	1 /
		///

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.)

Clen Iderndon
Typed or printed 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)