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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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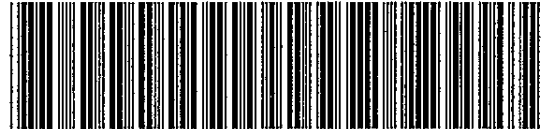
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

11/22/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McKinnon Contracting, 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:

Gary F. McKinnon, Jr
(Name of Person)

McKinnon Contracting, LLC
(Firm/Company)

412 Husson Ave
(Address)

Palatka, FL 32177
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary F. McKinnon, Jr at (386) 325-7847
(Name of Person) (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

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TALLAHASSEE, FLORIDA

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EFFECTIVE DATE
11/22/04

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

McKinnon Contracting, LLC

ARTICLE II - Address:

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

Principal Office Address:

412 Husson Ave.
Palatka, FL 32177

Mailing Address:

412 Husson Ave.
Palatka, FL 32177

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

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

Gary F McKinnon, Jr
Name

412 Husson Ave
Florida street address (P.O. Box NOT acceptable)

Palatka, FL FLORIDA 32177
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, Florida Statutes..


Registered Agent's Signature

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2004 NOV 29 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED DATE
11/22/04

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

MGR

Name and Address:

Gary F. McKinnon, Jr.
412 HUSSEY AVE
PALATKA, FL 32177

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Gary F. McKinnon, Jr.

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

ARTICLE V-EFFECTIVE DATE

THIS LLC, MCKINNON CONTRACTING, LLC ELECTS TO HAVE THE
EFFECTIVE DATE OF THIS BUSINESS TO BEGIN NOVEMBER 22, 2004.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA