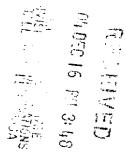
~ L04000090976

(Re	questor's Name)	
(Ad	dress)	
(4)	dress)	
(100	ure <i>ss)</i>	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
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SECRETARY OF STATE,
TALLALLA STATE OF STATE,

TRANSMITTAL LETTER

409 E. Gaines Street

Tallahassee, Florida 32399

TO: Registration Section Division of Corporations			
SUBJECT: Hayest Clayton (Name of	Construction 3t. LLC, Limited Liability Company)		
The enclosed Articles of Organization and fee(s) a	are submitted for filing.		
Please return all correspondence concerning this n	matter to the following:		
Mc John Clayton (Name of Person)			
Hayes + Closton Construction (Firm/Company)	Company Company	91 JBC 16	1
314 west Clay St. (Address)	OF STATE	PH 3: 48	ED
Thomasuille Gn. 31792 (City/State and Zip Code)	s)		
For further information concerning this matter, ple			
Mr. Roosevelt 1010 (Name of Person)	at (229 379 - 6244 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:	(That could be payable total phone trained)		
	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations	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:
Hayes + Clayton Constructionist LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

ARTICLE I - Name:

Principal Office Address:	Mailing Address:
314 west Clay 51	Sanc
Thomsaile C. 31792	

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

The name and the Florida street address of the registered agent are:		TAL.	04)
Mr. Gohn Clayfon Name		CRETY CANA	DEC	-1
843 west brugged st	<u>"</u>	13.55 0 A85	91	
Florida street address (P.O. Box NOT acceptable)		<u> </u>	\mathbb{Z}	
Toll Fk FL City, State, and Zip 32304			3. 48	

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..

M. John Maylon
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" = Manag	ing Member
MCorm	Mc Gehr Clayton 314 west Clayth Thomas I/c Ga 31792
MGrm	142 Borns St. Themark Go. 31792
m Grm	Manal Hayes 514 Simon 31 Thomande Go 31794
mern	Al Chrone G. Williams 115 BARDS St. Thomasille Ga 31792
(Use attachment if n	ecessary) ALCAH
NOTE: An addition	onal article must be added if an effective date is requested. $\stackrel{\wedge}{\widetilde{Z}}$
REQUIRED SIGN	ATURE:
· 5	Ma. John Staylor 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.)
	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)