. 60500000 899 SFILED

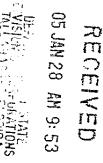
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
m t , \ .

Office Use Only



100045342271

H1/28/05--01022--013 **125.00



TRANSMITTAL LETTER TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Trevor Joseph Morgan (Firm/Company) 6531 Kingman Tr Tallahassee FL 32309
(City/State and Zip Code) For further information concerning this matter, please call: Trevor Morgan at 850 545-1021

(Name of Person) (Area Code & Davtime Telephone Number) Enclosed is a check for the following amount: ☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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 ARTICLE I - Name: SECRETARY OF STATE

TJM Construction LLC

1311 CONSTITUTE LEC

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	ddress:		
6531 Kingman Tr	6571 King	nan T-		
Tallahassac FL 32309	Tallahassee	FL 32309		

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

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

Name

6531 Kingman T
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32309

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)

ÁRTICLE IV- Manager(s) or Managing Member(s):

,	The name an	d address o	f each l	Manager	or l	Managing	Member	is as	follows:
---	-------------	-------------	----------	---------	------	----------	--------	-------	----------

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: 05 IAN 28 M IO: 08
MGR M	SECRETARY OF STATE The state of
· · · · · · · · · · · · · · · · · · ·	

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Signature of a member or ap 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.)

T- M

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)