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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M D JACKSON MARINE CONSTRUCTION, L.L.C.
(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:

Stephanie S. Jackson
(Name of Person)

M D JACKSON MARINE CONSTRUCTION, L.L.C.
(Firm/Company)

PO BOX 869
(Address)

Interlachen FL 32148
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie S. Jackson at (386) 684-3640
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(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

SECTION 314
TALLAHASSEE, FLORIDA

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

ARTICLE I - NAME:

The name of the Limited Liability Company is:

M D Jackson Marine Construction, L.L.C.

ARTICLE II

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

PO Box 864
Interlachen, Florida 32148

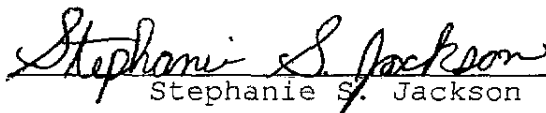
The street address of the principal officer of the Limited Liability Company is:

106 Lakeview Court
Interlachen, Florida 32148

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

Stephanie S Jackson
106 Lakeview Court
PO Box 864
Interlachen, Florida 32148

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.

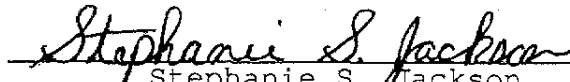

Stephanie S. Jackson

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TALLAHASSEE, FLORIDA

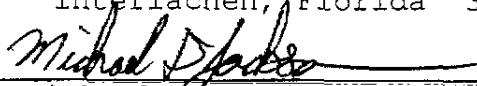
ARTICLE IV - MANAGER

The name and address of each Manager is as follows:

Stephanie S. Jackson 106 Lakeview Court
PO Box 864
Interlachen, Florida 32148


Stephanie S. Jackson

Michael D. Jackson 106 Lakeview Court
PO Box 864
Interlachen, Florida 32148


Michael D. Jackson

(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.)

Printed name of signees: Stephanie S. Jackson
Michael D. Jackson

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TALLAHASSEE, FLORIDA