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TRANSMITTAL LETTER

FILED

TO: Registration Division of	Section Corporations		2005 / 201 28 P 1: 21
CHDICCT.	Aries General Contrac	tor. L.L.C.	SEC. F. VEY OF STATE TALLAD SOCE, FLORIDA
SUBJECT:		(Name of Limited Liability Company)	
The enclosed Article	s of Organization and fee(s) are submit	ted for filing.	
Please return all cor-	espondence concerning this matter to the	ne following:	
	Russell R		
	(Name	of Person)	
	Aries General Con	tractor, L.L.C.	
	(Firm/C	Company)	
	P.O. Box	354	
	(Ad	dress)	
	Floral City, FL	_ 34436	
	(City/State a	and Zip Code)	
For further informati	on concerning this matter, please call:		
	ell R. Remekat (352) 228-0432	
(Na	me of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check	for the following amount:		
3 \$125.00 Filing Fe	Certificate of Status Cert	\$155.00 Filing Fee & tified Copy	\$\$160.00 Filing Fee, Certificate of Status & Certified Copy

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	SECRETARY OF STATE TOLLARASSIVE OF OFFICE	
Aries General Contra	ector, L.L.C.	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
	P.O. Box 354	
	Floral City, FL 34436	
The name and the Florida street address of the s Russell R. R	•	
Name		
12535 E. Trail	s End Road	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	
Floral City, FL 34436	FL	
City, State, a	and Zip	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

Page 1 of 2

ARTICLE IV-Manager(s) or Mana The name and address of each Manag	FILED	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	705 703 28 P 1: 21
MGRM	Russell R. Remek	TALLANDES IN FLORIDA
<u></u>	P.O. Box 354 Floral City, FL 34436	
(Use attachment if necessary)		
NOTE: An additional article must l	be added if an effective date is reques	ted.
REQUIRED SIGNATURE:		
Signature of a member	R. R. N. R. or an authorized representative of a member	 er.
(In accordance with sect of this document constit that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjuration are true.)	у
Russell R. Remek, M	anaging Member	_
Тур	ed or printed name of signee	•

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)