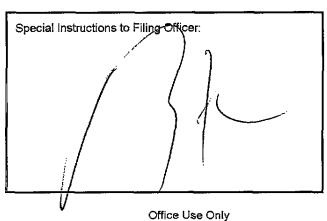
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	(Requestor's Name)	
((Address)	
((Address)	
((City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
((Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ARCHON CONSTRUCTION CO. 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:			
James F. Weatherly Jr. (Name of Person)			
•			
(Firm/Company)			
POBOL 15486 (Address)			
Talla HASS ex FL 32-317 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Person) at (958) 599-1940 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
□ \$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, 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

ARTICLE I - Name: 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: Mailing Address: Mailing Address: Pobox 15486 Tallattassee 154 32317 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Name Takkes F. Weatherly The Street Agent's Signature: Florida street address (P.O. Box NOT acceptable)

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..

Talla HASSee FL 323/6
City, State, and Zip

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGEM	Former F. Weath erly, Porson 15486 Tallattassee, FL 32317
	<u>+-</u>
	·
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Adam	man de la companya della companya della companya de la companya della companya de
Signature of a member o	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
JAM 29 F.	Westhevia Ja I 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)