## LOSEDO00067973

## SECRETARY OF STATE TALLAHASSEE. FLORIDA

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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## TRANSMITTAL LETTER

FILED

05 JUL 11 PM 3: 13

SECKE LARY OF STALL AHASSEE, FLORIL

TO: Registration Section
Division of Corporations

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:

Joey Folsom
(Name of Person)

JF Construction
(Firm/Company)

3146 Parat Rd
(Address)

Grand Rily FC
(City/State and Zip Code)

For further information concerning this matter, please call:

bey Folson at (850) 509 5569
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)

☐ \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY, COMPANY
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY'H
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:  The name of the Limited Liability Company is:
J. F. Construction LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
3146 Paport Rd SAME
Grand Lidge Fe 32442
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Joey Folsom
3146 Parint Rd
Florida street address (P.O. Box NOT acceptable)
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)

The name and address of each Manager or Managing Member is as follows:				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	05 JUL 11 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MGRM	Joey Folsom 3144 Paront Rd Grand Ridge FL	32445		
MGRM.	Jim Story 1241 Story (N: Steads FL 32460	<u> </u>		
(Use attachment if necessary)  NOTE: An additional article must b	e added if an effective date is requ	ested.		
REQUIRED SIGNATURE:				
(In accordance with sec of this document consti that the facts stated her	, and the second se	ution		
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)