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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

005-37976

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEVEN C'S CONSTRUCTION
(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 L. CROUSHORN
(Name of Person)

SEVEN C'S CONSTRUCTION
(Firm/Company)

P.O. BOX 1068
(Address)

ST. PETERSBURG FL. 33731
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES L. CROUSHORN at (727) 667-2477
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 11, 2005

JAMES L. CROUSHORN
PO BOX 1068
ST. PETERSBURG, FL 33731

SUBJECT: SEVEN C'S CONSTRUCTION
Ref. Number: W05000037976

We have received your document for SEVEN C'S CONSTRUCTION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 505A00051556

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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:

SEVEN C'S 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:

P.O. BOX 1068
ST. PETERSBURG FL.
33731

✓ SAME

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

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

JAMES L. CROUSHORN

Name

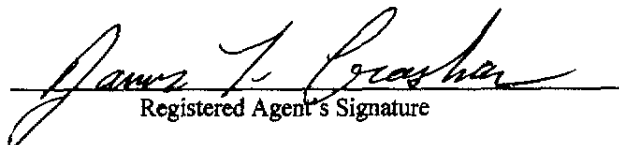
2360 EAST BAY ISLE DR. SE.

Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FL 33705

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

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TALLAHASSEE FLORIDA

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

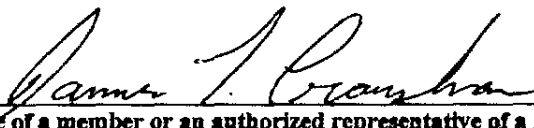
mbr

JAMES L. CROUSHORN
~~THE~~ P.O. BOX 1068
ST. PETERSBURG FL. 33731

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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)