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SEVEN INSTRUMENTAL SERVICES

TRANSMITTAL LETTER

TO: Registration Sec Division of Cor	ction porations		
SUBJECT: Holley Co	nstruction, LLC (Name of Limited	Liability Company)	
	Organization and fee(s) are su		
Please return all correspo	ondence concerning this matter	r to the following:	
Timothy.	J. Holley	Name of Person)	
Holley Construction,	LLC		
	(I	Firm Company)	
537 N. East	Ave	(Address)	-
Panar	ma City, FI 32401	State and Zip Code)	
For further information of	concerning this matter, please of	eall:	
Timothy J. Holley (Name	of Person)	at (850) 319-3465_ (Area Code & Daytime Te	elephone Number)
Enclosed is a check for	r 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			
ARTICLE I - Name: The name of the Limited Liability Company is	s:		
Holley Construction, LLC			
ARTICLE II - Address: The mailing address and street address of the	orincipal office of the Limited Liabili	ity Company is:	
Principal Office Address:	Mailing Address:	ny company is.	
Timothy J. Holley	537 N. East Ave		
Timothy J. Floridy	Panama City, FL 32401		
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Sig	;nature:	
The name and the Florida street address of the	registered agent are:		
Timothy J. Holley			
Nam	e		
537 N. East Ave	ddrass (D.O. Day NOT assentable)		
	ddress (P.O. Box <u>NOT</u> acceptable)		
Panama City, Fl 32401 City, State	FL , and Zip		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate. I hereby accept the ap ity. I further agree to comply with the performance of my duties, and I am far	opointment as provisions of all miliar with and	
Registered Agen		FILED 5 SEP -6 PM 4: 00 ELWEDNING FORDER LLWHASSEE FLORIDA	
(2011)		5	

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Manag	
	Timothy J. Holley
MGRM	
	537 N. East Ave Panama City, FI 32401
	ranama Oity, FI 32401
(Use attachment	f necessary)
NOTE: An addi	tional article must be added if an effective date is requested.
REQUIRED SIG	SNATURE:
	3. I Adam
	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.)
	Timothy J. Holley
	Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)