05000102921

(Re	questor's Name)	
(Adı	dress)	
(Ad	dress)	
(Au	uressy	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		,
		10/9
****	Office Use Onl	, All



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05 OCT 17 MIII: 03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited	Liability Comp	any is:			
E&E Builders LLC					
	ed Liability Company	y, "Limited Company" or their abbreviation "LLC	;" or "L.C.,")		
ARTICLE II - Address:	;				
The mailing address and	street address o	f the principal office of the Limited L	iability Company is:		
Principal Office Address:		Mailing Address:	Mailing Address:		
324 S. 2nd St.		PO Box 664	_		
Immokalee, FL 34143		lmmokalee, FL 34143			
ARTICLE III - Register (The Limited Liability Company business entity with an active Fl	cannot serve as its or	istered Office, & Registered Agent' wn Registered Agent. You must designate an indiv	vidual or another		
The name and the Florida	street address	of the registered agent are:	05 OCT		
Erne	st N. Freeman	ı, Jr.			
		Name			
324	S. 2nd St.		FILED 17 AM II: 03		
	Florida s	treet address (P.O. Box NOT acceptable)	REAL 03		
Immo	kalee,	FL 34143			
	City	, State, and Zip	-		
Having been named as r	egistered agent	and to accept service of process for the	e above stated limited		

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 (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managin	g Member	Name and Address:
MGR		Ernest N. Freeman, Jr. 324 S. 2nd St. Immokalee, FL 34143
	-	
	· .	
(Use attachment if ne	cessary)	
CLE V: Effective date, ffective date is listed, to days after the date or	the date must be s	ate of filing: (OPTIONAL pecific and cannot be more than five business days
		F.S. G
REQUIRED SIGNA	ATURE:	OCT 17
	A	or an authorized representative of a member. On 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of periury

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)

Typed or printed name of signee