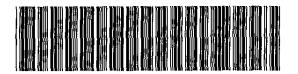
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CRAIG- JETTON CO	NSTRUCTION FLAND Liability Company)	PLANNIG, LLC
The enclosed Articles of Organization and fee(s) are sub	omitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Ur Steve Cro	LIG ume of Person)	
Craig JETTON (Fi	Constructio	n Fland Planning
1511 Wekewa nen	(Address)	
Tallahaste , La , Cin) s	Orida 3230 tate and Zip Code)	
For further information concerning this matter, please ca	all:	
Steve Craig (Name of Person)	t (305) 304 (Area Code & Daytime Telep	ohone Number)
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status	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 ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, Flor	tion orations

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	: ted Liability Company	is:			
CRAIG 3	JETTON CON	struction	and L	-and	Plan
ARTICLE II - Addr The mailing address a	ess: and street address of the	e principal office of the	he Limited Lia	ıbility Con	npany is:
Principal Office Add	lress:	Mailing Addre	ess:		
1511 WEKE TALLAHASSE	WA NENE E, F. 32301	SAME			
C	istered Agent, Registe	_	_	AL U	n n
The name and the Flo	rida street address of the STEVEN. Na	•	e: 	AHASSEE	00T 27 A
	Florida street	EUA NENE address (P.O. Box NOT E, FL 323 tte, and Zip	acceptable)	EE, FLORILY.	A
	as registered agent and at the place designated			e appointm	

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managir The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Mar. Melmber Managing member	STEVEN D. CRAIG 1511 WEKEWA NENE TALLAHASSEE, FT. 32301
Managing member	Rehecca Je Tron 1511 Welawa nene Tallahassec, FL 32301
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	1
Signature of a member of	an authorized representative of a member 25 25 25 1608.408(3), Florida Statutes, the execution
of this document constitute that the facts stated herei	s an affirmation under the penalties of perjury
71	or printed name of signee
Filing Fees:	F

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)