

L060000048646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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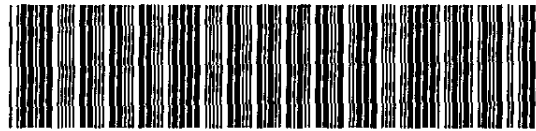
(Business Entity Name)

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J. BRYAN MAY 11 2006

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

Subject: J&S Homes, LLC
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:

Joyce A. Tucker, CPA
(Name of Person)

Destin Accounting Service, LLC
(Firm/Company)

1234 Airport Road Suite 118
(Address)

Destin, FL 32541
(City/State and Zip Code)

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For further information concerning this matter, please call:

Joyce A. Tucker, CPA at 850-654-9235
(Name of Person) (Area Code & Daytime Phone Number)

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**

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ARTICLE I – Name:

The name of the Limited Liability Company is: J&S Homes , LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

489 Lincoln Avenue
Defuniak Springs, FL 32435

Mailing Address:

PO BOX 505
Defuniak Springs, FL 32435

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature

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

John R. Hudson

Name

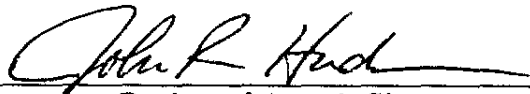
489 Lincoln Avenue

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

Defuniak Springs, FL 32435

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, Florida Statutes..



Registered Agent's Signature

(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:

MGRM

John R. Hudson
PO BOX 505
Defuniak Springs, Fl 32435

MGMR

Sheila F. Hudson
PO BOX 505
Defuniak Springs, Fl 32435

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.)

John R. Hudson
Typed or printed name of signee

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