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SECRETARY OF STATE
TALL ANASSEE, FLORID.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Southern Consta	Company)
The enclosed Articles of Organization and fee(s) are submitted for	r filing.
Please return all correspondence concerning this matter to the following	owing:
William Smocky (Name of Pers	Schous
Southern Constru	iction LLC
•	
415 Sleepy Holla	ow the Drive
Juterlachen Fl (City/State and Zi	
(City/State and Zi	p Code)
For further information concerning this matter, please call:	
Smokey Schous at (900) (Name of Person) at (900)	ea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Certified	1 Copy is enclosed) \$\text{\$\text{\$\sumsymbol{X}\$}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Registration Section Registration Section Registration of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 266	reet/Courier Address gistration Section vision of Corporations fton Building Executive Center Circle llahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Mailing Address:** Principal Office Address: ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: William Smoky Schous Florida street address (P.O. Box NOT acceptable)

Ther uchen FL 32148

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: **Mailing Address:** ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: William Smoky Name Sleepy Hollow Deive Florida street address (P.O. Box NOT acceptable) 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



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

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

	<u>Title:</u>	Name and Address:
	"MGR" = Manager	
	"MGRM" = Managing Member	
	MGR	William Smoky Schous
		413 Sleepy Hollow Drive
		LN ter lachen, FL 3219
		S
	(Use attachment if necessary)	
	•	
ARTI	CLE V: Effective date, if other than the	date of filing: July 30, 2006. (OPTIONAL)
		specific and cannot be more than five business days prior
to or y	0 days after the date of filing.)	
		·
	REQUIRED SIGNATURE:	,
	Sym	SA
	Signature of a member	r or an authorized representative of a member.
	(In accordance with sec	tion 608.408(3), Florida Statutes, the execution
	of this document constit	tutes an affirmation under the penalties of perjury

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)