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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: S.	E. Jones Constructio	n, LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Scott Edwin Jo	ones	
	()	Name of Person)	
	S. E. Jones Constru	uction, LLC	
	(Firm/Company)	
	44613 Pinebreez	ze Blvd.	
***************************************		(Address)	· · · · · · · · · · · · · · · · · · ·
	Callahan, Florid	a 32011	22 9
		/State and Zip Code)	
			2006 NOV 27
For further information	concerning this matter, please	call:	27
Scott E.	Jones	at (904 ₎ _307-9562	2006 NOV 27 PH 4: 44
· (Name	of Person)	(Area Code & Daytime Telephone Number)	#####
Enclosed is a check for	or the following amount:	. •	SHC
¥\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$\int \frac{1}{2} \\$155.00 Filing Fee & Certificate of \frac{1}{2} \\$Certified Copy (additional copy is conclusive)	Status & y
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ted Liability Company is:		
The name of the Emili	ica Diability Company is:		
	S. E. Jones Construction	on, LLC	
(Must end with the words "Li	mited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Addre The mailing address a		incipal office of the Limited Liability Company is:	
Principal Office Add	ress:	Mailing Address:	
Scott Edwin Jones		44613 Pinebreeze Blvd. Callhan, Fl. 32011	
(The Limited Liability Compa business entity with an activ	any cannot serve as its own Regist	lones	
	44613 Pinet	reeze Blvd. ress (P.O. Box NOT acceptable) FL 32011 nd Zip	SEC
_		ress (P.O. Box NOT acceptable)	XF T
	Callahan,	FL 32011	<u>}</u> =
	City, State, a	nd Zip	Ö
liability company a registered agent and a statutes relating to th	nt the place designated in the agree to act in this capacity he proper and complete pe	nccept service of process for the above state climited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	Marie Valence

(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: Title: "MGR" = Manager "MGRM" = Managing Member Manager Scott E. Jones 44613 Pinebreaze Blvd. Callahan, Fl. 32011 Callahan, Fl. 32011 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Scott E. Edwin
Typed or printed name of signee

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)