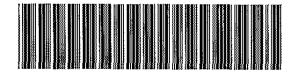
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(Re	questor's Name)	
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Special Instructions to I	Filling Officer:	

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COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT: A	. Jones C (Name of Limite	Construction Led Liability Company)	LVC
The enclosed Articles of C	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matt	er to the following:	
	Anthony Jo	Name of Person)	
A.	JONES CO	MStruction (Firm/Company)	LLC
910) Blackwood	A Ave.	
·		(Address)	-
- Talla	harseo, FL (City	32303 //State and Zip Code)	OB DEC
For further information co	oncerning this matter, please	call:	29 AM
Anthony (Namdo	()ore5 f Person)	at ((0 (0) 2 1 0 (Area Code & Daytime T	elephone Number)
Enclosed is a check for	the following amount:		>
	ρ \$130.00 Filing Fee & Certificate of Status	ρ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	ρ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Addre Registration Section Division of Corporation	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A. Jones Construction LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "LC,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
910 Blackwood Ave. 910 Blackwood Ave. Tallaharre, FL 32303 Tallaharre, FL 32303
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:
Anthony Jonas Name 910 Blackwood Ave Property of the state of the s
Florida street address (P.O. Roy NOT accentable)

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..

City, State, and Zip

egistered Agent's Signature (BEQUIRED

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Marm	Anthony Jones 910 Blackwood Ave Tallahoone, FL 32303
	OS DEC 2
	SEE TORRE
(Use attachment if necessary)	1-1-07
LE_V: Effective date, if other than the	e date of filing: (OPTIONAL)

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.)

Anthonia Jone 5
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)