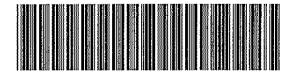


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Ba,





01/24/07--01031--014 **130.00

COVER LETTER

	ion Section of Corporations		
SUBJECT:	Douglass Const. (Name of Limite	ruction LLC d Liability Company)	**************************************
The enclosed Arti	cles of Organization and fee(s) are s	ubmitted for filing.	
Please return all c	orrespondence concerning this matte	er to the following:	
~	DUSTIN DOUGL	.Asr	
	(Name of Person)	
	Douglass Const	ruction	
	0	Firm/Company)	······································
	812 W. Hanco	ch St.	
*************************************		(Address)	
	Lakeland FL (City	3380?	
>	(City	/State and Zip Code)	
For further inform	ation concerning this matter, please	call·	
_	_		
KACHEL	DoubLASS (Name of Person)	at (863) 868 (Area Code & Daytime To	8374
	(Name of Ferson)	(Alea Code & Daytime 1	eteptione (vumber)
Enclosed is a ch	eck for the following amount:		
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
Douglass Construct (Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
812 W. Hancock St.	8/2 W. Hancoch
Laheland FL 33803	812 W. Hancoch Laheland FL 33803
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Floride street address of	the registered agent are:

W. Hancock 5+
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..

(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:

"MGR" = Man: "MGRM" = Ma	ager anaging Member	Name and Address:
MGR		Dustin Douglass BIZ W. Hancock St Labeland FL 33803
MGRM	····	RACHEL DOUGLASS 8/2 W. Hancock St Labeland FL 33803
		
(Use attachmen	-,	
TICLE V: Effective	e date, if other than the da listed, the date must be s date of filing.)	te of filing: (OPTIONAI pecific and cannot be more than five business days
TICLE V: Effective on effective date is less than 190 days after the	e date, if other than the da listed, the date must be s date of filing.)	
TICLE V: Effective on effective date is less than 190 days after the	e date, if other than the datisted, the date must be side date of filing.) SIGNATURE: Signature of a member of a member of the date of t	r an authorized representative of a member. 10 608.408(3), Florida Statutes, the execution as 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)