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TO ACKNOWLEDGE SUFFICIENCY OF FILING DIVISION OF CORPORATION

FERETARY OF STA

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ест:	Red Walker (Name of Limite	e Constructi d Liability Company)	ion LLC	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.		
Please	return all corresp	pondence concerning this matte	r to the following:		
		Ron Be	enfield		
		(Name of Person)		
	,				
	(Firm/Company)				
	5	8 Sioux C Howana, Fe	incle		
			(Address)		
	,	Hawana Fe	32333		
•		(City	/State and Zip Code)		
For five	than information	concerning this matter, please	onll:		
roi iui	Ron 1	_	at (850) 539 (Area Code & Daytime To	3121	
	(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclos	ed is a check fo	or the following amount:			
□ \$ 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 Corporation 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 Company is:				
FRED Walker Const (Must end with the words "Limited Liability Company, "Limited	Ruchon LLC d Company" or their abbreviation "LLC," or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
10153 Thomasville Rd Jallahussee, Fi 30312	10753 Thomasville Rd			
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 re	egistered agent are:			
Ron Benfield				
58 Sioux Circle				
Florida street address (P.O. Box NOT acceptable)				
Howana FL 32333				
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)
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SECRETARY OF STATE
AND SEEF FIGURE

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member 753 Thomas Ville Ro Tallahassee, Fl 32312 MORM MGRM (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.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

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