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

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SECRETARY OF STATE
ALL ANASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2007

GREG L. COLE 2529 ECTOR RD N. JACKSONVILLE, FL 32211

SUBJECT: COLE CONSTRUCTION & REMODELING LLC

Ref. Number: W0700008009

We have received your document for COLE CONSTRUCTION & REMODELING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 007A00011397

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cole Construction & Remodeling (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Greg L. Cole (Name of Person)
Cole Construction & Remodeling (Firm/Company)
2529 Ector ROLN PSES
Jacksonville FL 32211 2 2
(City/State and Zip Code)
Greg L. Cole at Q04, 434-2994 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\begin{align*} \text{\$130.00 Filing Fee & } \text{\$\$155.00 Filing Fee & } \text{\$\$\$\$ Certificate of Status & } \$\$\$\$ Certified Copy & Certif
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Cole Construction & Remodeling LLC (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:
2529 Ector Rd N Jackson VIII = FL 32211 32211
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:
The name and the Florida street address of the registered agent are: SECRETAR Name OFFE Name
2529 ECTOY RD N. Florida street address (P.O. Box NOT acceptable) TackSonviller 32211
Florida street address (P.O. Box NOT acceptable)
FL 3
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

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 تحرينه

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

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

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
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(Use attachment if necessary)		25
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CLE V: Effective date, if other than the effective date is listed, the date must be	be specific and cannot be more than five business day	
0 days after the date of filing.)	As abasers and sentence he more areas and appress and	,~
DECLIBED SIGNATURE.		

<u>REQUIRED</u> 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.)

Typed or printed name of signee

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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)