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(Requestor's Name)				
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PICK-UP WAIT MA	AIL			
(Business Entity Name)				
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SECRETARY OF SIAN

COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT: Hoff	nans Construction (Name of Limite	ed Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
John	Joseph L	Hoffman (Name of Person)	
<u> </u>			_
		(Firm/Company)	_
9901	W. Blountston	un Hwy (Address)	
Tallaha	ssee FL	y/State and Zip Code)	TASE
	(City	y/State and Zip Code)	7 M
For further information of	concerning this matter, please	call:	MAR 20 PH 2: 34 AHASSEE, 51 Telephone Number 10
	•		SEE. 0 PH 17
· John J.	1-10 ffuer	at (<u>850</u>) <u>509</u> (Area Code & Daytime	7-47087 Telephone Number N
Ç		(RRA Dr
Enclosed is a check for	or the following amount:		D , .
ρ \$125.00 Filing Fee	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 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:

Principal Office Address:

The name of the Limited Liability Company is:

HOFFMANS CONSTRUCTION CLEAN UP 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:

19901 W. Blowntstown Hwy Tallahassee FL 32310	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual granother
9901 w. Blownston	ress (P.O. Box <u>NOT</u> acceptable)
City, State, ar	<u>FL _3 23/()</u> nd Zip

Mailing Address:

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member 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. (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.)

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)