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

COVER LETTER

TO:	Registration Division of C				,	
SUBJI	2000.	Auger Developm	ent & Constr	uction, l	TC .	
SUDJE	SCI:	(Name of Limit	ed Liability Compa	ny)	***************************************	
The en	closed Articles	of Organization and fee(s) are	submitted for filing	,		
Please	return all corres	pondence concerning this mat	ter to the following:	:		
		Rodg	jer W. Jones	ı.		
			(Name of Person)		<u> </u>	
	Individual					
	(Firm/Company)					
5450 Bruce B Downs Blvd. #342						
(Address)						
		Wesley	Chapel, FL	33544		
	<u> </u>		ty/State and Zip Code			
For fur	ther information	n concerning this matter, pleas	e call:			
· Rodger W. Jones		at (813	469-95	469-9518		
(Name of Person)		(Area Code & Daytime Telephone Number)		elephone Number)		
Enclos	sed is a check t	for the following amount:				
] \$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	٠.	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division 6 Clifton Bi 2661 Exe	ourier Addression Section of Corporation uilding sective Center ee. FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Auger Development & Construction, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5450 Bruce B. Downs Blvd.

5450 Bruce B. Downs Blvd.

#342

#342

Wesley Chapel, FL 33544

Wesley Chapel, FL 33544

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:

Rodger W. Jones

Name

5450 Bruce B. Downs Blvd., #342

Florida street address (P.O. Box NOT acceptable)

Wesley Chapel, FL 33544

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) Page 1 of 2 SECRETARY OF STATE

Title:	ger or Managing Member is as follows: Name and Address:
"MGR" = Manager	1.00.00
"MGRM" = Managing Member	9
MGRM	Rodger W. Jones 5450 Bruce B. Downs Blvd. #342 Wesley Chapel, FL 33544
MGR	Minerva Jones 5450 Bruce B. Downs Blvd. #342 Wesley Chapel, FL 33544
	· •.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>August 15th</u>, 2007. (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:

Rog N. Sun

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.)

Rodger W. Jones

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)

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SECRETARY OF STATE