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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### TRANSMITTAL LETTER

	tration Section on of Corporations		
SUBJECT: _	GRAHAM'S ROOFING, L L	C	
_	(Name of Limited Lia	bility Company)	
The enclosed	Articles of Organization and fee(s) are submit	ated for filing.	
	Please return all correspondence co	oncerning this matter to the following:	
	B J Accounting S	ervice	
		of Person)	
	B J Accounting S	ervice	
-	(Firm/	Company)	<del></del>
	P.O. Box 536471		0
<del></del>	(A	ddress)	D7 NOV
	Orlando, Fl. 328	53 and Zip Code)	
	(31,7,2,2,1)		PH12: 59
For further in	formation concerning this matter, please call:		2: 5'
Mand	olin S. Graham at(	407 699~0647  (Area Code & Daytime Telephone Number)	
	(Name of Person)	(View Come or traditing rejections identified)	!

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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A	RT	ICI	$\mathbf{F}_{-}$	] _ [	Na	me:

The name of the Limited Liability Company is:

GRAHAM'S ROOFING, L L C

#### **ARTICLE 11 - Address:**

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

Principal Office Address:	Mailing Address:	
813 Copperfield Terr.	Same	<del>-</del>
Casselberry, Fl. 32707		
ARTICLE III - Registered Agent, Reg The name and the Florida street address of	-	:
<u>Mandolin S.</u>	. Graham	ECTIVE DATE
Mandolin S.	Graham LI	ECTIVE DATE
Mandolin S. 813 Copperf	Name	ECTIVE DATE
813 Copperf	Name	ECTIVE DATE

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, Florida Statutes..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Tommy Lee Graham Jr. 813 Copperfield Terr.
MGRM	Mandolin S. Graham 813 Copperfield Terr.
	Casselberry, Fl. 32707
•—————————————————————————————————————	
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:  / Molecul !  Signature of a member or an account to the second se	Uishan uthorized representative of a member.
(In accordance with section 608. of this document constitutes an a that the facts stated herein are true.)	408(3), Florida Statutes, the execution flirmation under the penalties of perjury ic.)

Filing Fees: \$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLE V - EFFECTIVE DATE

The effective date of this Limited Liability 'Company shall be:

November 5, 2007

DIVISION OF CORPORATIONS