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	(Requestor's Name)	
	,	
	(Address)	
((Address)	
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PICK-UP	WAIT	MAIL
	Business Entity Name)
,	Document Number)	· · · · · · · · · · · · · · · · · · ·
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RALL AHASSEE, FLORIDA



G. MCLEOD

JAN 0 9 2008

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
subject: <u>50</u>	(Name of Limited Lia	STRUTION bility Company)	LLC
The enclosed Articles o	f Organization and fee(s) are submit	tted for filing.	
Please return all corresp	oondence concerning this matter to t	he following:	
BAR	SUTA - MINASE	c of Person)	
	(Name	of Person)	
	(Firm/	(Company) .	
1035	ARCO DR. #	ddress)	
_	· -	·	
	(City/State	and Zip Code)	
For further information	concerning this matter, please call:		
BABUTA-	MANASE at (_ e of Person)	239 <u>465</u> (Area Code & Daytime Tele	9132 phone Number)
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	•	155.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTIČLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JAA	
SOUTHERN CONSTR (Must end with the words "Limited Liability	willow LCS
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ADMICI DIL	
ARTICLE II - Address:	
The maning address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	Muning Products.
1035 ARCO DR #8	
JAX, FC. 322 11	
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individual or another
business entity with all active Florida registration.)	•
The name and the Florida street address of the re	gistered agent are:
R.O. S.	TAS
BABUTA = MIA. Name	KADE EB 8
Name	
1035 4000	DA #8
Florida street add	race (P.O. Boy NOT acceptable)
7. 5/	FL 32211 Ind Zip FS 55
JAX. FC. City, State, as	FL 322// 70 = 0
City, State, ai	id Zip SS
Having been named as registered agent and to a	ccept service of process for the above stated limited
	nis certificate, I hereby accept the appointment as
	ty. I further agree to comply with the provisions of
	performance of my duties, and I am familiar with
	gistered agent as provided for in Chapter 608, F.S
2 0 0 7 2	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Fitle:</u> MGR" = Manag MGRM" = Man		Name and Address:
MCRN	<u>t</u>	BABUTA - MANASE 1035 AREO NR. #8 JAX. FL. 32211
		
Use attachment	if necessary)	
LE V: Effective fective date is l or 90 days after	date, if other than the isted, the date must the date of filing.)	date of filing: <u>/- 9-08</u> . (OPTION) be specific and cannot be more than five busine
LE V: Effective fective date is l or 90 days after	date, if other than the isted, the date must the date of filing.) GNATURE:	be specific and cannot be more than five busing
LE V: Effective fective date is I	date, if other than the isted, the date must the date of filing.) GNATURE: Signature of a member of this document constituted the facts stated here.	r or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury erein are true.)
LE V: Effective fective date is l or 90 days after	date, if other than the isted, the date must the date of filing.) GNATURE: Signature of a member of this document constituted the facts stated here.	r or an authorized representative of a member.