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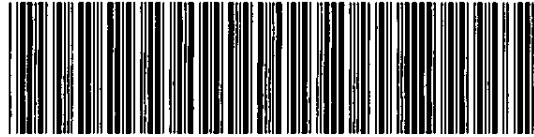
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T. HAMPTON

MAR 10 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: H & B GRAHAM, LLC  
(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:

STAYCE BURKHART

(Name of Person)

MOORE INGRAM JOHNSON & STEELE, LLP

(Firm/Company)

192 ANDERSON STREET

(Address)

MARIETTA, GA 30060

(City/State and Zip Code)

For further information concerning this matter, please call:

Stayce Burkhart

(Name of Person)

at ( 770 ) 429-1499

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$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 Circle  
Tallahassee, FL 32301

# MOORE INGRAM JOHNSON & STEELE

A LIMITED LIABILITY PARTNERSHIP  
WWW.MIJS.COM

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**BILLING ADDRESS**  
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OF COUNSEL:  
JOHN L. SKELTON, JR.†

† ALSO ADMITTED IN TN  
\* ALSO ADMITTED IN FL  
\*\* ALSO ADMITTED IN NM  
\*\*\* ALSO ADMITTED IN NC  
♦ ADMITTED ONLY IN TN

March 6, 2008  
*Via Next Day Air*

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

Re: H & B Graham, LLC

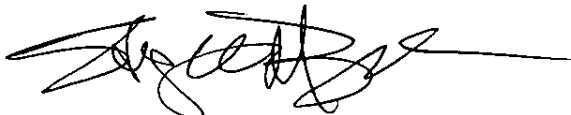
Dear Sir/Madam:

Enclosed herewith please find the executed Articles of Organization for the above referenced limited liability company along with our firm's check in the amount of One Hundred Twenty-five (\$125.00) to cover the cost of the filing.

If you require anything further, or if you have any questions, please do not hesitate to contact me

Very truly yours,

MOORE INGRAM JOHNSON & STEELE, LLP



Stayce M. Burkhardt

SMB/sk  
Enclosure

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

H & B GRAHAM, 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:

3409 Paces Ferry Circle  
Smyrna, GA 30080

#### Mailing Address:

3409 Paces Ferry Circle  
Smyrna, GA 30080

### 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:

Earl Graham

Name

132 1st Street E., Unit 103

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

Tierra Verde, FL 33715

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..*

Earl Graham  
Registered Agent's Signature (REQUIRED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Henry Graham

3409 Paces Ferry Circle

Smyrna, GA 30080

MGRM

Beth Graham

3409 Paces Ferry Circle

Smyrna, GA 30080

(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:**

Beth P Graham

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.)

Beth P Graham

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)