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OF SECRETARY OF SECRE

D. BRUCE

JAN 21 2009

EXAMINER

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	CT: Kraeft Construction LLC (Name of Limited Liability Company)	
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Nelson H. Kraeft Jr.	_
_	Kraeft Construction LLC	_
	PO Box 982 Address)	
	Carrabelle, FL 32322	
		-
For furthe	er information concerning this matter, please call:	
Nels	Son Kraef Tr. at (850) 510 - 9350 (Area Code & Daytime Telephone Number)	
	(Maile of Felson) (Med Code & Bayeline Felsono Fallice)	
Enclosed	is a check for the following amount:	
] \$125.00	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & }\Bigcup \\$155.00 \text{ Filing Fee & }\Bigcup \\$160.00 \text{ Filing Fee, }\\ Certificate of Status & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kraeft 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 L	iability (Comp	any is
Principal Office Address: Mailing Address:			
505 NW 7th ST. P.D. Box 982 Carrabelle, FL 32322 Carrabelle, FL 33	2323	<u> </u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indibusiness entity with an active Florida registration.)	's Signat	other 09	
The name and the Florida street address of the registered agent are: Nelson H. Kracff Jr. Name 505 NW 7+65 T.	RETARY OF S	JAN 21 PH 2	
Florida street address (P.O. Box NOT acceptable) Carrabelle Fi 32322	20.⊅:	2: 26	U

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRIM - Managing Member	Nelson H. Kraeft Jn PD Box 982 Carrabelle FL 32322
· .	
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than th	te date of filing: (OPTIONAL) be specific and cannot be more than five business days p
REQUIRED SIGNATURE: Signature of a member	SECRETARY AND
	ection 608.408(3), Florida Statutes, the execution Statutes an affirmation under the penalties of permy
Filing Fees:	AL E

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

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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