(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #	9)		
PICK-UP WAIT	MAIL		
(Business Entity Name			
(Document Number)			
Certified Copies Certificates o	f Status		
Special Instructions to Filing Officer:			
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Office Use Only

G. MCLEOD

JAN 22 2009

EXAMINER



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

01/23/09--01001--009 **125.00

COVER LETTER

TO: Registration Division of C			
subject: <u>Ге</u>	eters custom	n construct	ion company L
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
BARR	y HARRIS	ame of Person)	
	s custom con		OMPANY LLC
_	(F	ırm/Company)	' /
_34/	Big Rye RD	(Address)	
_montic		32 344-	AS o
	(City/S	tate and Zip Code)	9 JA
For further information	concerning this matter, please ca	all:	N22
Ella Ho	emitton	t (850) 997	060 F F M
(Nàme	e of Person)	(Area Code & Daytime Te	lephone Number CO
Enclosed is a check f	or the following amount:		Dr.
\$125.00 Filing Fee	S130.00 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 Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301	S

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FeIN 37-1576 871 **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 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: 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

(CONTINUED) Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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 (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:** 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.) 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)