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T. HAMPTON
NOV 1 0 2009
EXAMINER

COVER LETTER

то:	Registration Division of C		
SUBJE	ECT:	Joyner Co	nstruction Services, LLC
		Name of Limit	ted Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	tter to the following:
		Ke	nneth L. Joyner
			Name of Person
		Joyner Cor	nstruction Services, LLC
			Firm/Company
		P	O Box 260601
			Address
		Та	ampa, Fl. 33685
			ity/State and Zip Code
		kjo: E-mail address: (to be used	yner1@msn.com for future annual report notification)
For fur	ther information	concerning this matter, pleas	
	Ke	en Joyner	at (813) 989-9527
	Namo	of Person	Area Code & Daytime Telephone Number
Enclos	sed is a check f	or the following amount:	
] \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	my is:	
Joyner Construction	ction Services, LLC	
(Must end with the words "Limite	d 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:	Mailing Address:	
6638 Marina Pointe Village Ct.	PO Box 260601	
Apt # 207	Tampa, FL 33685	
Tampa, FL 33635		
The name and the Florida street address of Kenn	of the registered agent are:	
	Name	
6638 Marina F	Pointe Village Ct. # 207	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Tampa, FL 336		
City,	State, and Zip	
liability company at the place designal registered agent and agree to act in this c statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S	
Hel.		
Registered Agent's	s Signature (REQUIRED)	

(CONTINUED)

ON NOW TO AM IL 23

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
MGRM		Fresia L. Joyner PO Box 260601	
		Jampa, FL33685	
MGRM	_	Kenneth L. Joyner PO Box 260601 Tampa, FL 33685	
			
(Use attachment	if nacaceans)		
•	•		
		date of filing: (OF especific and cannot be more than five busing the specific and cannot be more than the specific and cannot be mor	
· 90 days after the da		e specific and camiot be more man five busin	iess days pi
REQUIRED SIG	CNATUDE.		
<u>REQUIRED</u> SI			
	Signature of a member	r or an authorized representative of a member.	
		tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury ein are true.)	
		Kenneth L. Joyner	
Filing Fees:	, ,	ped or printed name of signee	
	•		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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