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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Codification of October				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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S. HAWKES
OUT 1 3 2010
EXAMINER

COVER LETTER

TO: Registration of Control of Co			
SUBJECT:	hipley Contract Name of Limit	ting Services, ted Liability Company	LLC
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	pondence concerning this mat	ter to the following:	
ω	illiam L. Sh	Name of Person	
Ship	Ley Contraction	Gervices, La Firm/Company	: c
	_	S Court East	
		Address	
JAC	Koonville, F	/ 322/7 y/State and Zip Code	
bs	City D. 15 A C. or	ry/State and Zip Code Ai/, Com for future annual report notification)	
	E-mail address: (to b) used	for future annual report notification)	
	concerning this matter, please		
William L.	Shipley Jr.	at (904) 772 - Area Code & Daytime Tele	4544 phone Number
Enclosed is a check for	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	Street/Courier Address	

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

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 Company is	3:
Shipley Contracting (Must end with the words "Emitted Liability Company, the a	Services LLC." or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4079 Corrientes CT. E Jacksonville, Fl 33217	4079 Corrientes CT. E. JAOKSONVIlle, Fl 32217
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	
William L	Name P
	s (P.O. Box NOT acceptable)
TACKSON VILLE	FL 322/7 y, 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..

Registered Agent's Signature REQUIRED

(CONTINUED)

Page 1 of 2

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: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.) **REQUIRED SIGNATURE:** (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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