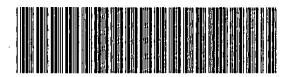
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(Address)		
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PICK-UP WAIT MAIL		
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B. KOHR

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EXAMINER



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: James Kelle Name of Lim	r. Construction, LLC.
The enclosed Articles of Organization and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
James A. K	eller Name of Person
James Keller	Construction Employment
424 Keller	Lane
St. Augustin	Address  Le, FL 32086  ity/State and Zip Code  Att. net  for future annual report notification)
E-mail address: (to be used For further information concerning this matter, plea	
James A. Keller Name of Person	at (904) 669-1145 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$250.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

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 3

ARTICLE I - Name:  The name of the Limited Liability Company is:
James Keller 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 Liability Company is:
Principal Office Address:  Mailing Address:
James Keller Construction, LLC. James Keller Construction, LLC 424 Keller Lane 424 Keller Lane 5t. Augustine, FL 32086 St. Augustine, FL 32086  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:
<u>James A. Keller</u>
424 Keller Lane
Florida street address (P.O. Box NOT acceptable)  St. Augustine FL 32086  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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	James A. Keller 424 Keller Lane St. Augustine, FL 32086
MGRM	Donna S. Keller 424 Keller Lane 5t. Augustine, FL 32086
MGR	Gregory S. Keller 424 Keller Lane St. Augustine, FL 32086
(Use attachment if necessary)	
TICLE V: Effective date, if other the an effective date is listed, the date is or 90 days after the date of filing.)  REQUIRED SIGNATURE:	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days pr
Standard Con	member or an authorized representative of a member.
constitutes an affirmation I am aware that any falson	ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
	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)