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PICK-UP WAIT MAIL	
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SECRETARY OF STATE
ALLAHASSEE FI OBIG

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited	Construction LLC  He Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following:
Jeffrey Alca	lame of Person
F	Firm/Company
161 McColister rd	
Cowho dville, Fl  City/  Jellery chorn @yahr. c  E-mail address: (to be used to	32327 State and Zip Code r future annual report notification)
For further information concerning this matter, please of	call:
Jess run Alcorn at ( 4  Name of Person A	rea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy additional copy is enclosed)  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 Company is:		
Teffrey Alcorn Construction LLC (Most and 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:  Mailing Address:  Mailing Address:  Cranfords: 18 F132327  Cranfords: 18 F132327		
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 another business entity with an active Florida registration.)	dual or.	ta: Pr
The name and the Florida street address of the registered agent are:  Teffrey Alcorn  Name  Name  Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)	EB 12 ANIO ZO	
City Zìp		
Having been named as registered agent and to accept service of process for the above stated limited liabil the place designated in this certificate, I hereby accept the appointment as registered agent and agree to capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete of my duties, and I am familiar with and accept the obligations of my position as registered agent as pro-  Chapter 605, F.S  Registered Agent's Signature (REQUIRED)	o act in perforn	this nance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jellany Alcora
<del></del>	JUSTI AND
<del></del>	HASSEE OF
(Use attachment if necessary)  CLE V: Effective date, if other than the date	e of filing: 2-12-14 (OPTIONAL)
CLE V: Effective date, if other than the date	e of filing: 2-12-14 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	e of filing: 2-12-14 (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	e of filing: 2-12-14 (OPTIONAL)

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