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COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	ray's Const	ruction and to	tome Rehaib	LL(
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.		
Please return all corre	espondence concerning this m	natter to the following:		
William A	A. Gray II	Name of Person		
		Firm/Company		
3968 Ro	olling Hill Dr.	Address		
Titusville	o, FL. 32796	City/State and Zip Code		
wagray68@hot	imail.com E-mail address: (to be use	ed for future annual report notifice	ation)	
For further information	on concerning this matter, ple	ase call:		
William A. Gray II Na	at (:	321) 225-0253 Area Code Daytime Te	lephone Number	
Enclosed is a check f	or the following amount:			
□ \$125.00 Filing Fee	□\$130.00 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)
<u>Ma</u>	niling Address	Street/Courier Add	ress_	

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:	
Gray's Construction and Home Rehab LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3968 Rolling Hill Drive Titusville, FL, 32796	3968 Rolling Hill Drive Titusville, FL. 32796
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
William A Gray II	
Name	
3968 Rolling Hill Drive Florida street address (P.O. Box	NOT acceptable)
Titusville	FL 32796
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
Registered Agent's Signatu	are (REQUIRED)
(CONTINUE Page 1 of 2	9:51

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	*************************************
"MGR" = Manager	
MGR	Codee Gray
	3968 Rolling Hill Drive
	Titusville, FL. 32796
·····	
	
(Use attachment if necessary) EV: Effective date, if other than the date excive date is listed, the date must be spenf filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
E V: Effective date, if other than the date excrive date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the date excive date is listed, the date must be spend filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State.
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