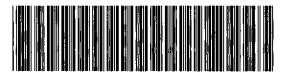
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T. SCOTT



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16 FEB -4 #110: 57

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: GREG JENNINGS CONSTRUCTION CCC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GREGIJENNINGS
GREGITENWINGS Name of Person
GREG JENNINGS CONSTRUCTION Firm/Company
207 Fact 11. C:21-
807 East Wood Circle
MORRistons TN 37814
MORRISTONS TN 37814 City/State and Zip Code JENNINGS CONCRETE @ A01. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Jenning at 407 463-5659 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Aleg Jenning Construct) (Must end with the words "Limited Liability Compa	ion LLC
Must end with the words "Limited Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limit	ted Liability Company is:
Principal Office Address:	Mailing Address:
BOT EAST WOOD CIRCLE MORRISTOWN TN 37814	
MORRISTOWN IN 37914	

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:

ARTICLE I - Name:

Michael JENNINGS Name

2682 RUNNING SPRINGS LOOP

Florida street address (P.O. Box NOT acceptable)

DVIEDO FIA 32765

ity State

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 605, F.S..

tegistered Agent's Signature (REQUIRE

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager 6150 TENNINGS	802 FAST WOOD CRUE
13/EG JENNO	MORRISTON TAL 378/4
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