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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Nates Construction LLC 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:
Name of Person
Firm/Company
172 Council moore Rd.
Crawfordull FL 37377  City/State and Zip Code  Natural Harr's 86 & Ya hoo Com  mail and rest; (to be used for future annual report notification)
or further information concerning this matter, please call:
Notifica at (850) 544-1671  Hame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \times \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, 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 FLORIDA LIMITED LIABILITY COMPANY

ANTICES I - Name:	
The name of the Limited Liability Company is:	

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:
172 Council moore Rel	" Same.
Crawfordulle FL 32327	

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:

Playing beste hamed as registered agent and to accept retrice 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 perference of my duties, and I am familiar with and access the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	1 10 A
WCK	Nathaniel 8. Harris
	Crawford VILLER 32327
AMBK	Ackley & Headley
	172 Kouneil Marc Ldi
	Crowfordy ik FL 32327
·	
(Use attachment if necessary)	
CLE V: Effective date, if other than the da	te of filing: (OPTIONAL)  Specific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if other than the date feetive date is listed, the date must be steed filling.)  If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 d t meet the applicable statutory filing requirements, this date will not b
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