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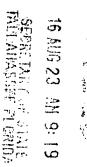
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Office Use Only



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## **COVER LETTER**

	Division of Corporations		
SUBJEC	J & J Metal Buildings, LLC	C	
SOBJEC	N	arne of Limited Liability Company	
The encl	osed Articles of Organization an	nd fee(s) are submitted for filing.	
Please re	eturn all correspondence concern	ning this matter to the following:	
	Susan G. Parker		
		Name of Person	-
		Firm/Company	<b>.</b>
	277 SW Healan Court		_
		Address	-
	Fort White, Florida 32038		
	susan.gayle.parker@gmail.co	City/State and Zip Code	-
	E-mail address:	(to be used for future annual report notification)	-
For furthe	er information concerning this ma	atter, please call:	
	Susan G. Parker	386 965-0023 at ()	
	Name of Person	Area Code Daytime Telephone Number	
Enclose	d is a check for the following am	nount:	
\$125.00	Filing Fee \$130.00 Filin Certificate of		
	Mailing Address	Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
J & J Metal Buildings, LLC	
(Must end with the words "Limited Liability	ty 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:  Mailing Address:
Principal Office Address:	
Principal Office Address:  277 SW Healan Court, Fort White, Fl 32038	same

The name and the Florida street address of the registered agent are:

Susan G. Parker
Name

277 SW Healan Court

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

Fort White Fl 32038

City State 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	= Authorized N	1ember	Name and Address:	
	Manager		la conte Care 1 — C'aut	
<u>MGR</u>			Joseph Stephen Little	
			1826 SW Wester Drive	
			Lake City, Florida 32024	
MGR			Julian Joseph Little	
- Interv	<del></del>		791 SW Finley Little Lanc	
			Lake City, Florida 32024	
			Date Otty, Florida 32021	
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	chment if necess	• /	Elian August 22, 2016 (OPTIONAL)	
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Typed or printed name of signce

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)