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## COVER LETTER .

ıψ	TO: Registration Section Division of Corporations
	SUBJECT: JLD Castom Homes 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:
	David A. Johnson Name of Person
	JLD Custom Homes Firm/Company
	647 SE 67 K AUE Address
	Bushnell, FL 33513 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
i	For further information concerning this matter, please call:
	David 4. Johnson at (35Z) 815-2131  Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
×	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 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

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
JLD Custom Homes	L.L.C.
(Must end with the words "Limited Liability Com	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Lir	nited Liability Company is:
D. ( )	•• •• • • • • • •
Principal Office Address:	Mailing Address:
647 SE 67th AVE	GUTSE GTT AUE
Bushnell, FL 33513	Bushnell FL 33513
	·
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
David A. Johnso	<u> </u>
Name	

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..

GYT SE G7<sup>th</sup> AUE
Florida street address (P.O. Box **NOT** acceptable)

FLocida

State

33513

Zip

Bushnell

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

- 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	David A. Johnson
1110-15	647 SE 675 AVE
	Bushnell FL 33513
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MER	Jennifer Bridges
	GUT SE GTON AUE
	Bushnell, 12c 33513
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ARTICLE IV-