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SECRETARY OF STATE OF

COVER LETTER

	lew Filing Section Division of Corporations
SUBJECT	FORD BUILDERS GROUP, LLC
SOBILE	Name of Limited Liability Company
The enclose	sed Articles of Organization and fee(s) are submitted for filing.
Please reti	arn all correspondence concerning this matter to the following:
	ADRIAN MIDDLETON
	Name of Person
	N/A
	Firm/Company
	1469 MARKET STREET
	Address
	TALLAHASSEE, FLORIDA 32312
	City/State and Zip Code ADRIAN@FIGHTINGFORALL .COM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	ADRIAN MIDDLETON 850 728-2465
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Siling Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain 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 Principal Office Address: Mailing	.")
The mailing address and street address of the principal office of the Limited Liability Company	
Tracipal Office Address.	is: Address:
119 E. PARK AVE. PO BOX 5119	
TALLAHASSEE, FL 32301 JACKSONVILLE, FL	32240

. _ _ _ _ . _ _ . . . _ . .

ADRIAN MIDDLETON, ESQ.
Name

1469 MARKET ST.

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

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

TALLAHASSEE FLORIDA 32312

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)

17 JUL -7 所 1449

SICISION OF CORPORATIONS

NE D. FORD AST PARK AVE. AHASSEE, FL 32301 . (OPTIONAL) be more than five business days prior to or 90 days after
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e statutory filing requirements, this date will not be listed a
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orized representative of a member. with section 605.0203 (1) (b), Florida Statutes.
mitted in a document to the Department of State
ed for in s.817.155, F.S.
uth nce ubi

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)