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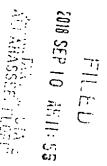


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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Soven Hills Trades And Sorvices 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:
Michael E. Langston Name of Person
4010 Old Bainbridge Rd
Tallahassee Fl 32303 City/State and Zip Code Melangston & live, Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Langston at 850 508 9156 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 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 FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Soven Hills Trades and Services, LLC
(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 is:

Principal Office Address:	Mailing Address:
4010 Old Baunbridge Rd	Same
TALLAHASSON FI 37303	

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:

Michael E Langston

401001d Banbridge Rd
Florida street address (P.O. Box NOT acceptable)

Tallahasser Fl 32303
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)

018 SEP 10 ANTH: S

**** . I	Name and Address:	
Title: "AMBR" = Authorized Mei	Name and Address:	
"MGR" = Manager		
MCR	Michael E Langeton	
	4010 Old BAINDRIDGE RA	
	Tallahaspee F1.32300	
		•
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ARTICLE IV-