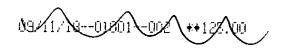
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PICK-UP WAIT MAIL
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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Shaw construction & Name of Limited Liab	oility Company
The enclosed Articles of Organization and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Octavore Straw Name	
Name	of Person
515 Forest Dave 1	Warth
Havara FL 3233 City/State	23 and Zip Code
OCKAUSOUS Straw 36 OGC E-mail address: (to be used for futur	naucom e annual report notification)
For further information concerning this matter, please call:	
OCTOWNORS Shorter (_850_ Name of Person Area Code	) 627 - 7185 Daytime Telephone Number
Enclosed is a check for the following amount:	/
Certificate of Status Cert	5.00 Filing Fee & \$160.00 Filing Fee. citied Copy onal copy is enclosed)  \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Shaw	onstruction in the words "Limited Liability C	L.L.C	
(Must conta	in the words "Limited Liability C	Company, "L.L.C	L," or "LLC.")
CTICLE II - Address: he mailing address and street ad	dress of the principal office of th	e Limited Liabil	ity Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
565 Forest	Drive North		
RTICLE III - Registered Age the Limited Liability Company	nt. Registered Office, & Regist cannot serve as its own Registere	ered Agent's Signed Agent, You m	gnature: ust designate an individual or
RTICLE III - Registered Age the Limited Liability Company other business entity with an a	nt, Registered Office, & Regist cannot serve as its own Registere ctive Florida registration.)	ed Agent. You m	gnature: ust designate an individual or
RTICLE III - Registered Age he Limited Liability Company other business entity with an a	nt, Registered Office, & Regist cannot serve as its own Registere etive Florida registration.)	ed Agent. You m	ust designate an individual or
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RTICLE III - Registered Age he Limited Liability Company other business entity with an a	nt, Registered Office, & Regist cannot serve as its own Registered etive Florida registration.)  address of the registered agent are occurred. St. Name	ed Agent. You m	ust designate an individual or
RTICLE III - Registered Age he Limited Liability Company other business entity with an a	nt. Registered Office, & Regist cannot serve as its own Registered etive Florida registration.)  address of the registered agent are OCFOVSOVS SA Name  515 Fore St Dre Florida street address (P.O. B	ed Agent. You m  ::  **CUV  **VC NOTH  ox NOT accepta	ust designate an individual or
RTICLE III - Registered Age he Limited Liability Company other business entity with an a	nt, Registered Office, & Regist cannot serve as its own Registered etive Florida registration.)  address of the registered agent are occurred. St. Name	ed Agent. You m  er  ver ver ver ver  NOT accepta  32333	ust designate an individual or

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)

MBR" = Authorized Member IGR" = Manager	cctautious shaw 515 forest Pr N Hawara FL 3233
IGR" = Manager	cctautous shaw 515 forest pr N Havara FL 3233
TIMES!	Sis raresi Pr N Havara FL 3233
	515 10/25F DF 10 MUCLULE FL 3299
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lse attachment if necessary)	
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filing.) e date inserted in this block does not meet the active effective date on the Department of State's VI: Other provisions, if any.  EOURED SIGNATURE:	applicable statutory filing requirements, this date will not be list records.
e date inserted in this block does not meet the active date on the Department of State's VI: Other provisions, if any.  EOUIRED SIGNATURE:  Signature of a member or This document is executed in accident any false information.	applicable statutory filing requirements, this date will not be list records.
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ARTICLE IV-