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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Special Instructions to Filing Officer: |
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Office Use Only

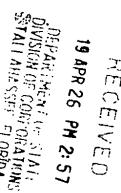


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COVER LETTER

| | w Filing Section rision of Corporations | |
|----------------|--|---|
| SUBJECT: | Hicks Construction | imited Liability Company |
| The enclose | d Articles of Organization and fee(s) | ire submitted for filing. |
| Please return | i all correspondence concerning this r | natter to the following: |
| - | M atthew | David Hicks |
| | | Name of Ferson |
| | | |
| | 1206 Echestne | Address |
| | | da 32539 City/State and Zip Code |
| | M. hicks Con E-mail address: (to be use | Struction IIC agmail Comed for future annual report notification) |
| For further in | formation concerning this matter, plea | |
| Į. | C; w. McHhis at (| 850) 305 3162 Area Code Daytime Telephone Number |
| linelused is | a check for the following amount: | |
| \$125.00 Fil | ing Fee \$\int \text{\$\frac{1}{2}\$\$ \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Cadditional copy is enclosed |
| | Mailing Address | Street Address |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 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: |
| Hicks Construction and Cleaning 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: |
| 1206 Echestrut Ave Same |
| 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: |
| Mathew DHicks |
| Florida street address (P.O. Box NOT acceptable) |

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.

State

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

11 APR 26 PH 12: 3

| "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|--|---|
| MOR | Motthew Hicks 1200 Behestrat Hre crestives fl 32539 |
| | |
| If an effective date is listed, the date must be sp be date of filing.) | c of filing: |
| | |
| ARTICLE VI: Other provisions, if any. | |
| ARTICLE VI: Other provisions, if any. | , |
| REOUIRED SIGNATURE: Signature of a m This document is execut | cmber or an authorized representative of a member. Inted in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. |

Filing Fees:

\$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)

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