Florida Department of State

L20 000233941

Division of Corporations
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To:

    Division of Corporations
    Fax Number   : (850)617-6381

From:

    Account Name   : HUBCO
    Account Number : 104662003400
    Phone   : (516)935-3940
    Fax Number   : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DURHUMMER@AOL.COM

FLORIDA LIMITED LIABILITY CO.
DURHAM'S GRADING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DURHAM'S GRADING LLC

(Must end with 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:**

15215 ELMONT AVE   15215 ELMONT AVE
SPRING HILL, FLORIDA 34610   SPRING HILL, FLORIDA 34610

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:

TRAVIS DURHAM
_____
Name

15215 ELMONT AVENUE
_____
Florida street address (P.O. Box **NOT** acceptable)

SPRING HILL   FL   34610
_____
City   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)
TRAVIS DURHAM

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability   Company:

Title: **Name and Address:**
"AMBR" = Authorized Member
"MGR" = Manager
 __AMBR__   TRAVIS DURHAM
                                                       __15215 ELMONT AVE__
                                                       __SPRING HILL, FL 34610__

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.)

TRAVIS DURHAM
Typed or printed name of signee

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