

L10 00040998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

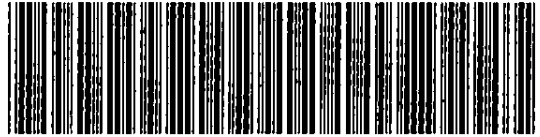
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900175116369

03/19/10--01031--029 **100.00

04/12/10--01070--004 **25.00

03/19/10--01031--030 **5.00

FILED
10 APR 14 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
APR 15 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2010

DO IT ALL DRYWALL, LLC
17218 TOLEDO BLADE BLVD SUITE 9
PORT CHARLOTTE, FL 33954

SUBJECT: DO IT ALL DRYWALL, LLC
Ref. Number: L06000029825

We have received your document for DO IT ALL DRYWALL, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00007110

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DO IT ALL DRYWALL L.L.C.
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:

JAMES GEORGE LAMBROS
Name of Person

DO IT ALL DRYWALL L.L.C.
Firm/Company

CALUSA SPRING 17218 TOLEDO BLADE BLVD.
Address

PORT CHARLOTTE FL. 33954
City/State and Zip Code

- NA -
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES LAMBROS at (941) 896-0986
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

*CHK ENCLOSED

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

FOR 25.00⁰⁰ REMAINING

BALANCE DUE: COPY OF
FUNDS RECEIVED ON COVER
LETTER WHEN RETURNED

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DO IT ALL DRYWALL L.L.C.
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

CAUSA SPRINGS
17218 TOLEDO BLADE BLVD
PORT CHARLOTTE FL 33954.

Mailing Address:

JAMES G LAMBROS
446 RAVEN WOOD
PORT CHARLOTTE FL 33954

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:

JAMES G. LAMBROS
Name

17218 TOLEDO BLADE BLVD
Florida street address (P.O. Box **NOT** acceptable)

PORT CHARLOTTE FL 33954
City, State, and 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 608, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

JAMES G. LAMBROS
446 RAUENWOOD
PORT CHARLOTTE FL 33954

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TALLAHASSEE FLORIDA

(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.)

REQUIRED SIGNATURE:

James Lambros
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)