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DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Adrián Rodriguez Dry WALL  
(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:

Adrián Rodriguez  
(Name of Person)

Adrian Rodriguez Dry WALL  
(Firm/Company)

409 N. Boston Ave  
(Address)

deland FL 32724  
(City/State and Zip Code)

For further information concerning this matter, please call:

Adrián Rodriguez at (386) 785-00-74  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 15, 2004

ADRIAN RODRIGUEZ  
ADRIAN RODRIGUEZ DRY WALL  
409 N BOSTON AVE  
DELAND, FL 32724

SUBJECT: ADRIAN RODRIGUEZ DRY WALL  
Ref. Number: W04000002142

We have received your document for ADRIAN RODRIGUEZ DRY WALL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 804A00002946



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

January 29, 2004

ADRIAN RODRIGUEZ  
ADRIAN RODRIGUEZ DRY WALL  
P.O. BOX 1693  
DELAND, FL 32721

SUBJECT: ADRIAN RODRIGUEZ DRY WALL  
Ref. Number: W04000002142

We have received your document for ADRIAN RODRIGUEZ DRY WALL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 804A00002946

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Adrián Rodríguez Dry Wall LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

409 N Boston Ave  
deland FL 32724

**Mailing Address:**

P.O BOX 1693  
deland FL 32721

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Adrián Rodríguez  
Name

409 N Boston Ave  
Florida street address (P.O. Box **NOT** acceptable)

deland FL FLORIDA 32724  
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, Florida Statutes..*

Adrián Rodríguez  
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**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:**

MGRM

Adrian Rodriguez  
409 N. Boston Ave.  
Deland FL 32724

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Adrian Rodriguez  
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.)

Adrian Rodriguez  
Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATIONS

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