

LD3000048131

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((I103000325299 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : I20000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

RECEIVED
03 NOV 26 AM 11:12
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BILL DRAWDY PLASTERING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

APPROVED
AND
FILED
03 NOV 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

**ARTICLES OF ORGANIZATION
OF
BILL DRAWDY PLASTERING, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **BILL DRAWDY PLASTERING, LLC**.

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **100 Magnolia Avenue, Ormond Beach, Florida 32174**.

**ARTICLE III
REGISTERED OFFICE AND AGENT**


The name and Florida street address of the registered agent is **Linda Drawdy, 100 Magnolia Avenue, Ormond Beach, Florida 32174**.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization on this 26th day of November, 2003.



LINDA DRAWDY

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 26th day of November, 2003, by **LINDA DRAWDY** who ☐ is personally known to me, or ☒ who presented a Florida drivers license or ☐ a _____ drivers license or ☐ _____, as identification.


Notary Public
MICHAEL A. PYLE
(Printed Name)

My Commission Expires:

 Michael A Pyle
My Commission CC877232
Expires December 3, 2003

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.


LINDA DRAWDY, Registered Agent

APPROVED
AND
FILED
03 NOV 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA