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03 NOV 26 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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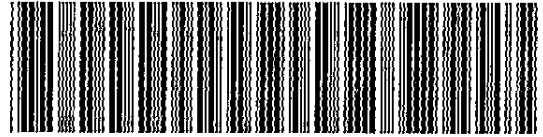
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

03 NOV 26 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Chad m Smith Drywall + Repairs, LLC.  
(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:

Chad m. Smith  
(Name of Person)

Chad m. Smith DRYWALL + Repairs, LLC.  
(Firm/Company)

168416 DOWENAIL TR.  
(Address)

Tallahassee, Florida 32309  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad m. Smith at ( 850 ) 591-8302  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Chad M Smith Drywall & Repairs, L.L.C.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

6846 DOWERAIL TR.  
TALLAHASSEE, FL.  
32309

6846 DOWERAIL TR.  
TALLAHASSEE, FL.  
32309

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

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

Chad M. Smith

Name

6846 DOWERAIL TR.

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32309

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..*

Chad M. Smith

Registered Agent's Signature

(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:**

MGRM

Chad M Smith  
6846 Donersail Trl.  
Tall Fla. 32309

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Chad M Smith

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.)

Chad M Smith

Typed or printed name of signee

**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)