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(City/State/Zip/Phone #)

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U.S. STATE  
DIVISION OF  
TALLAHASSEE, FLORIDA

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BRYAN DEC - 1 2003

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shaw's Drywall, 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:

Mike Shaw  
(Name of Person)

Shaw's Drywall  
(Firm/Company)

20434 John Redd Rd  
(Address)

Blountstown FL 32424  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Shaw at (850) 237-2468  
(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

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01/01/04

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Shaw's Drywall LLC

## ARTICLE II - Address:

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

### Principal Office Address:

John Redd Rd  
Blountstown FL  
32424

### Mailing Address:

20434 John Redd Rd  
Blountstown FL  
32424

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

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

Mike Shaw  
Name  
20434 John Redd Rd  
Florida street address (P.O. Box NOT acceptable)  
Blountstown FL 32424  
City, State, and Zip

EFFECTIVE DATE  
01/01/04

*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..*

Mike Shaw  
Registered Agent's Signature

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(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

Mike Shaw  
20434 John Ridd Rd  
Blountstown FL 32424

MGRM

Steve Shaw  
19339 Hidden Creek Apt #16  
Blountstown, FL 32424

MGRM

Kelly Shaw  
18940 SR 71N Lot #41  
Blountstown, FL 32424

(Use attachment if necessary)

The effective day to be  
Jan. 01-2004

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

**REQUIRED SIGNATURE:**

Mike Shaw

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.)

Mike Shaw

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)

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