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SECRETATY OF STATE
DIVISION OF STATE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	EFFECTIVE DA
SUBJECT: JIM Bryant 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:	
JAMES E. Bryant (Name of Person)	
(Name of Person)	
Jim BryANT DryWAII, LLC	<u> </u>
(Firm/Company)	_
5725 OSCEOLA ROAD	
(Address)	
Venice, FL 34293 (City/State and Zip Code)	0 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3
(City/State and Zip Code)	SECRET VISION O O3 NOV
For further information concerning this matter, please call:	ARY ARY
JAMES E. Bryant at (941) 497-2657 (Name of Person) (Area Code & Daytime Telephone Number)	COF STA
(Name of reison) (Area Code & Daytime Leiephone 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

ARTICLE I - Name: The name of the Limited Liability Compa:	ny is:
JIM BrYANT	DRYWALL, LLC.
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5725 OSCEPLA ROAD	5725 OSCIO/A ROAD
VENICE, FL 34293	
	9
JAMES STATES	SECRETARY OF SIGNATURE OR Bry ANT Name 22 PA 120AD Sis (P.O. Box NOT acceptable)
Venice.	FLORIDA 34293 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

JAMES E. Br 5125 OSCOOPA VENILE, FL 3

Name and Address:

03,404

(Use attachment if necessary)

Title:

"MGR" = Manager

"MGRM" = Managing Member

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

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

PH 2: 2:

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

REQUIRED SIGNATURE:

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:

\$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)

ARTICLE V – EFFECTIVE DATE:

The effective date for this Limited Liability Company is January 1, 2004.