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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

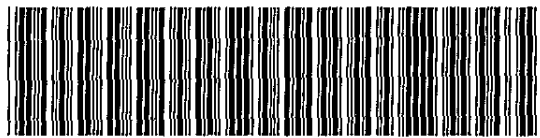
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J21

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MICHAEL'S DRYWALL & PATCH SERVICES, 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:

MICHAEL DAVID MUSACHIO
(Name of Person)

MICHAEL'S DRYWALL & PATCH SERVICES, LLC.
(Firm/Company)

196 STOKLEY RD.
(Address)

CRAWFORDVILLE, FL, 32327
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DAVID MUSACHIO at (850) 528-3184
(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: MICHAEL'S DRYWALL + PATCH SERVICES, LI

ARTICLE II - Address:

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

Principal Office Address:

MICHAEL D. MUSACHIO
196 STOKLEY RD
CRAWFORDVILLE, FL 32327

Mailing Address:

MICHAEL D. MUSACHIO
196 STOKLEY RD
CRAWFORDVILLE, FL 32327

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

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

MICHAEL DAVID MUSACHIO
Name

196 STOKLEY RD
Florida street address (P.O. Box NOT acceptable)

CRAWFORDVILLE FL 32327
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..

Michael David Musachio
Registered Agent's Signature

(CONTINUED)

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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

MICHAEL DAVID MUSACHIO
196 STOKLEY RD
CRAWFORDVILLE, FL 32527

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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:

Michael David Musachio
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.)

MICHAEL DAVID MUSACHIO
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)