# 103000050951

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100024989381

12/01/03--01067--014 \*\*155.00





# TRANSMITTAL LETTER

-
•
-
<u>2</u> €
VISION OF
COR
PHO RS
TATE ATTONS

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Com JOHN EDWARDS DRYWALL, LLC	pany is:	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
7103 CALUMET CT	7103 CALUMET CT	
PENSACOLA, FL 32504	PENSACOLA, FL 32504	
The name and the Florida street address  JOHN EDWARD	Name	DIVISION OF CO
7103 CALUMET	СТ	로 골드
Florida street ade	dress (P.O. Box <u>NOT</u> acceptable)	BY A
PENSACOLA	<sub>FL</sub> 32504	710ks
Cit	y, State, and Zip	93
	and to accept service of process for the above s	

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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM MGRM	JOHN EDWARDS 7103 CALUMET CT PENSACOLA, FL 32504	• · · · · · · · · · · · · · · · · · · ·
		• · · · · · · · · · · · · · · · · · · ·
**************************************		O3 DEC -
(Use attachment if necessary)		FILED ARY OF STATE CORPORATION -1 AM 8: 23
,	st be added if an effective date is requested.	THE PROPERTY OF THE PROPERTY O
REOUIRED 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.)

JOHN EDWARDS

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)