

L 03000051200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

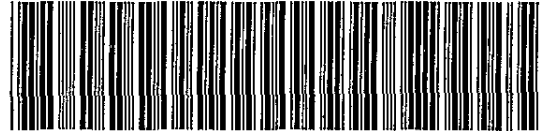
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300024989283

12/01/03--01067--012 \*\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC - 1 PM 3:40

lsl 12/09

EFFECTIVE DATE

12/01/03

**TRANSMITTAL LETTER**

To: Registration Section  
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

KENNETH L HICKLIN  
Name of Person

KEN HICKLIN DRY WALL LLC  
Firm/Company

719 Tuxedo Drive  
Address

FT WALTON BEACH, 32547  
City, State, and Zip Code

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC - 1 PM 3:40

For further information concerning this matter, please call:

KENNETH L HICKLIN at (850) 830-6087  
Name of Person Area Code and Daytime Telephone Number

EFFECTIVE:  
12/01/03

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I Name:**

The name of the Limited Liability Company is: **KEN HICKLIN DRY WALL LLC**

**ARTICLE II Address:**

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

**Principal Office Address:**

719 Tuxedo Dr  
Ft Walton Beach, Fl 32547

**Mailing Address:**

719 Tuxedo Dr  
Ft Walton Beach Fl 32547

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

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

Name: **Kenneth L Hicklin**

Florida street address ( P O Box NOT acceptable):

719 Tuxedo Dr

City, State, and Zip

Ft Walton Beach, Fl 32547

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

**EFFECTIVE DATE**  
**12/01/03**

FILED OF STATE  
SECRETARY OF CORPORATIONS  
03 DEC -1 PM 3:40

Article IV Manager(s) or Managing Member(s):

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

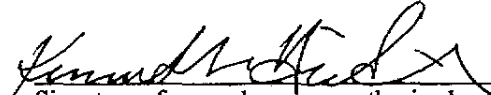
TITLE: Name and Address:  
"MGR" = Manager  
"MGRM" = Managing Member

MGR Kenneth L Hicklin  
719 Tuxedo Dr  
Ft Walton Beach Fl 32547

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

Article V The effective date shall be upon filing with the Secretary of State.

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.)

Kenneth L Hicklin

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -1 PM 3:40