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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

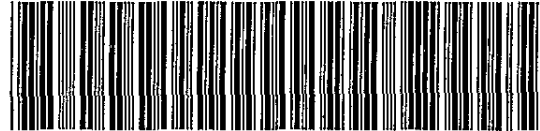
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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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

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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

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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:

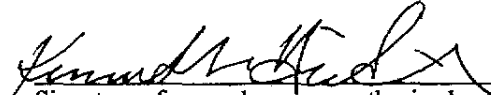
TITLE: Name and Address:
"MGR" = Manager
"MGRM" = Managing Member

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

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