

Division of Corporations

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**L03000052417**

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**EFFECTIVE DATE****11/24****From:**

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : 120010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

**LIMITED LIABILITY COMPANY****Shawn Leonard Drywall, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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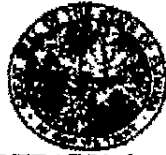
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DIVISION OF CORPORATION

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**12-12-03**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 12, 2003

ABS OF JACKSONVILLE, INC.

SUBJECT: SHAWN LEONARD DRYWALL, LLC  
REF: W03000037717

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Trevor Brumbley  
Document Specialist

FAX Aud. #: H03000334517  
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I. NAME:

The name of the Limited Liability Company is: **Shawn Leonard Drywall, LLC**

EFFECTIVE DATE

1-1-04

### ARTICLE II. ADDRESS:

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

PO Box 101  
Middleburg, FL 32050

### ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Shawn Leonard, MGR.  
3966 Lazy Acres Dr.  
Middleburg, FL 32050

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.*

  
Shawn Leonard/ Registered Agent

12/1/03  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:  
MGR.

Name and Address:  
Shawn Leonard  
PO Box 101  
Middleburg, FL 32050

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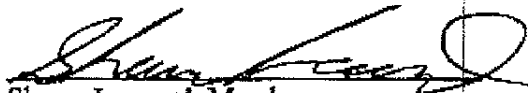
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**ARTICLE V. EFFECTIVE DATE**

The effective date of this document shall be January 1, 2004.

**REQUIRED SIGNATURE:**

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 11 day of DEC, 2003



Shawn Leonard, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

APPROVED  
AND  
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