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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

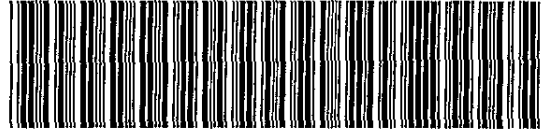
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03 DEC -5 PM 6:36

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Acoustic Ceilings

BRYAN TRIPLET

7511 Whisper Woods Court

New Port Richey, FL 34655

Telephone (727) 376-6569

Fax (727) 376-6569

COVER SHEET.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acoustic Ceiling 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:

Bryan L. Triplett
(Name of Person)

Acoustic Ceiling LLC
(Firm/Company)

7511 whisper woods Ct.
(Address)

Newport Richey, FL 34655
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Triplett at 727 376-6569
(Name of Person) (Area Code & Daytime Telephone Number)
727 967-0088

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Acoustic Ceiling LLC

ARTICLE II - Address:

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

Principal Office Address:

7511 Whisperwoods Ct
New Port Richey FL
34655

Mailing Address:

7511 Whisperwoods Ct.
New Port Richey, FL
34655

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

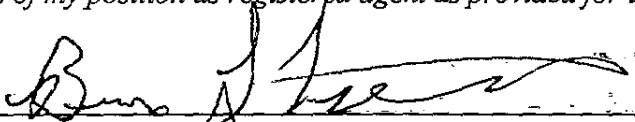
The name and the Florida street address of the registered agent are:

Bryan L. Triplett
Name

7511 Whisperwoods Ct.
Florida street address (P.O. Box NOT acceptable)

New Port Richey FL 34655
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..


Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

(Use attachment if necessary)

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

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.)

Bryan L. Triplett

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)