

L 0300005347,

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

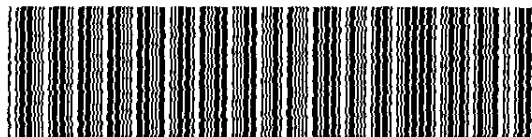
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700025335487

12/09/03--01062--001 \*\*125.00

LR 12/17

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -9 AM 8:49

**TRANSMITTAL LETTER**

**TO:** Registrations Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399  
(850) 245-6051

**SUBJECT:** JACOBO DRYWALL, LLC.

**DATE:** 12/8/03

The enclosed Articles of Organization and fees (\$100. filing fee and \$25. Designation of Registered Agent) are submitted for filing.

Please return all correspondence concerning this matter (including the acknowledgment letter) to the following:

JoAnn Abramowitz  
James A. Hartman, P.A.  
9439 Forest City Cove, Suite 3  
Altamonte Springs, FL 32714

For further information concerning this matter, please call:

JoAnn Abramowitz at (407) 445-7235 x1245.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -9 AM 8:49

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

**ARTICLE I - Name**

The name of the Limited Liability Company is JACOBO DRYWALL, LLC.

**ARTICLE II - Address**

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

Principal Office Address:

5730 Brookgreen Avenue  
Orlando, FL 32839-3102

Mailing Address:

5730 Brookgreen Avenue  
Orlando, FL 32839-3102

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC - 9 AM 8:49

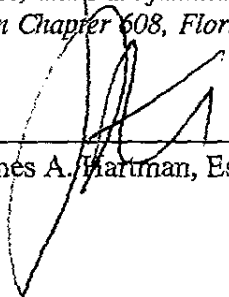
**ARTICLE III**

**Registered Agent, Registered Office & Registered Agent's Signature**

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

James A. Hartman, Esq.  
9439 Forest City Cove, Suite 3  
Altamonte Springs, FL 32714

*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, Florida Statutes.*

  
\_\_\_\_\_  
James A. Hartman, Esq.

**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:

MGRM

Delfino Jacobo  
5730 Brookgreen Avenue  
Orlando, FL 32829-3102

Delfino Jacobo  
Signature of 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.)

DELFINO JACOBO  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC - 9 AM 8:49