L03000057574

(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



100025747461

U1/02/04 -01D02--015 **1240.00

03 DEC 31 PM 4: 31

js

TRANSMITTAL LETTER

TO: Registration Section	 -		
Division of Corporations	⊉		
SUBJECT: MIGUEL GARCIA DRYWALL 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:			
MIGUEL GARCIA (Name of Person)			
MIGUEL GARCIA DRYWOLL			
(Firm/Company)	DIVISION OF 3		
(Address) TAMAHASSEE FLOCIPA 32305 (City/State and Zip Code)	FIGURE STATE CONFORATION		
(City/State and Zip Code) For further information concerning this matter, please call:	31 Tons		
(Name of Person) at (880) 383-1946 (Area Code & Daytime Telephone Number)			
COMPLETE ADDRESS			

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

	JOHN ALMIED LIABILITY COMMAND
ARTICLE I - Name: The name of the Limited Liability Company is:	Miguel Garcia Orywal
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
MIGUEL GARCIA 6575 WOODVILLE HWY TALLAHASSEE, FL. 32305 ARTICLE III - Registered Agent, Registered 6	MIGUEL GARCIA 6575 Woon VILLE Hwy. TALLAHASSEE, F. 32.305 Office. & Registered Agent's Signature:
The name and the Florida street address of the reg	
MIGUEL GARCIA Name	
6575 Woodyzlle Florida street address (P.O.	HIGH WAY Box NOT acceptable)
TOUAHASSEE City, State, and	FL 32385 d Zip
Having been named as registered agent and to accept the second se	cept service of process for the above stated limited

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..

Miguel Tarcia

Registered Agent's Signature

(CONTINUED)

SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC 31 PM 4: 31

ARTICLE IV- Manager(s) or Managi The name and address of each Manager			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
morm	MIGUEL GARCIA 10575 WOODVILLE HWY. TALLAHASSEE, FL. 32305		- - -
		D3DEC 3	BECRET
(Use attachment if necessary)		PH 4: 31	CORPORATIONS
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.		
Myvel Iron	or an authorized representative of a member.		
(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury		
MIGUEL GAI	RCIA i or printed name of signee	¥****	