

# L040000000969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

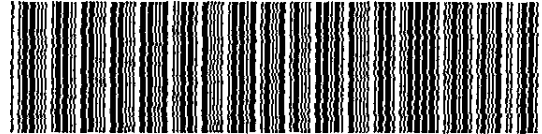
☐

MAIL

(Business Entity Name)

(Document Number)

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



700025799057

12/29/03--01030--016 \*\*160.00

Special Instructions to Filing Officer:

Name  
Availability

Document  
Number

DCC

Updater

DCC

Office Use Only

Updater  
Verifier

DCC

Acknowledgement

DCC

Verifier

DCC

FILED  
SECRETARY OF STATE  
03 DEC 29 PM 4:50

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J and J Drywall  
(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:

Joshua Lee McBride  
(Name of Person)

J and J Drywall  
(Firm/Company)

394 Ward Dr.  
(Address)

Oak Hill FL 32759  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joshua McBride at (386) 2423-4455  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 29 PM 4:50

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

J and J Dry Wall L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

394 Ward Dr  
Oak Hill, FL 32759

**Mailing Address:**

P.O. Box 1422  
Edgewater, FL 32132

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

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

Joshua McBride  
Name

394 Ward Dr  
Florida street address (P.O. Box **NOT** acceptable)

Oak Hill FLORIDA 32759  
City, State, and Zip

FILED  
SECRETARY OF STATE  
03 DEC 29 PM 4:50

*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..*

Joshua McBride  
Registered Agent's Signature

**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:**

MGR

Joshua McBride  
394 Ward Dr  
Oak Hill, FL 32759

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Joshua McBride  
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.)

Joshua McBride  
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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC 29 PM 4:50