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SECRETARY OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA

19

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Antowan Byrd Plastering & Drywall L.L.C.  
(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:

Antowan L. Byrd  
(Name of Person)

antowan's Plastering & Drywall L.L.C.  
(Firm/Company)

3456 Stoneler Road.  
(Address)

Tallahassee, FL 32303  
(City/State and Zip Code)

For further information concerning this matter, please call:

antowan Byrd at 850 536-0067  
(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

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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Antouan Byrd Plastering & Drywall 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:

3456 Stoner Road  
Tallahassee  
32303

### Mailing Address:

3456 Stoner Road  
Tallahassee FL  
32303

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

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

Antouan Byrd  
Name  
3456 Stoner Road  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee, FL, 32303  
City, State, and Zip

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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..

Arthur Neal  
Registered Agent's Signature

(CONTINUED)

**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

MGRM

**Name and Address:**

antowan Byrd  
3456 Stoner Road  
Tallahassee, FL, 32303

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Antowan Byrd

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.)

Antowan Byrd ANTOWAN BYRD

Typed or printed name of signee



Benetta B. Davis  
MY COMMISSION # DD024326 EXPIRES  
May 9, 2005  
BONDED THRU TROY FAIN INSURANCE, INC.

**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)

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TALLAHASSEE, FLORIDA

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