

L04000001062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

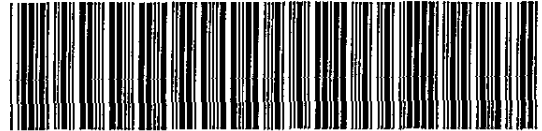
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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

is

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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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 Stoneler Road
Tallahassee
32303

Mailing Address:

3456 Stoneler 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 Stoneler 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..

Antouan Byrd
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

Name and Address:

MGRM

antowan Byrd
3456 Stoneler 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

 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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