## L04000002788

(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



200026303642

01/12/04--01015--025 \*\*125.00

DIVISION OF CORPORATION OF AM

LOU-278

## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Kyler Plaston and Dywall uc (Name of Limited Liability Company)
(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:

Westey Kyler
(Name of Person)
Kyler Plastonngand Drywall LLC
75044 Old Lloyd Road
Manhaello, Fla. 32344 (Cit)/State and Zip Code)

For further information concerning this matter, please call:

Wesley Kuler	at (850) 997-0453
(Nam) of Person)	(Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

TO:

Registration Section

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

OH JAN 12 AM 11:48

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	her Mastering and Dryw
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7504A Old Lloyd Road Montreello, Ft. 32304	Same
ARTICLE III - Registered Agent, Registered Office	e, & Registered Agent's Signature:
The name and the Florida street address of the registers  WESTEY LYTE  Name  SOUTH OLD WIND  Florida street address (P.O. Box Nowhice Down Street)  City, State, and Zip	ond
Having been named as registered agent and to accept s liability company at the place designated in this certific registered agent and agree to act in this capacity. I fur statutes relating to the proper and complete performant accept the obligations of my position as registered agen	cate, I hereby accept the appointment as ther agree to comply with the provisions of all ce of my duties, and I am familiar with and
We Sley Registered Agent's Signa	KY/ev ALLARASSEE. F

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Citle: MGR" = Manager MGRM" = Managing Member		Name and Address: Wesley Kyler 75044 Old Lloyd Road Montaello, Fl. 32344					
<u> </u>		, .		*			_
<del></del>	.*					<u>, 25.</u>	
	٠.						
Use attachment if necessary)						(1) T / 1	<u> </u>

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

REQUIRED SIGNATURE:

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.)

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)