L04000005796

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





400025848334

01/15/04--01057--012 **125.00



TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Independent Drywall Lilic. (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:
TRICKY W Howard (Name of Person)
Independent DrywAll L-L-C
1006 Louisiana Ave
Lynn Haven Fl. 32444 (City/State and Zip Code)
For further information concerning this matter, please call:
RICKY HOWARD =(850, 960-2251

STREET ADDRESS:

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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



ARTICLES OF ORGANIZATION **FOR**

ARTICLES OF ORGAN FOR FLORIDA LIMITED LIABIL	AHA SALO
ARTICLE I - Name:	Op/On
The name of the Limited Liability Company is:	The state of the s
Independent	Dry WALL LLC
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6928 Penny Rd	1006 Louisiana Ave
Panamacity Fl.	Lynn Haven Fl
32404	32444
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	

Florida street address (P.O. Box NOT acceptable)

Lynn Haven Fl FLORIDA 32444
City, State, and Zip

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

	In the second
ARTICLE IV- Manager(s) or M The name and address of each Ma	lanaging Member(s): nager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Ianaging Member(s): nager or Managing Member is as follows: Name and Address:
MGRM	John 5/Ay (MGRM) 6928 Penny Rd Panama City Fl 32404
mGR	RICKY W HOW Ard (M 6R) 1006 LOUISIANA AVE LYNNHAVEN FI. 32444
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	How
Signature of a member	or an authorized representative of a member.

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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