

L04000008919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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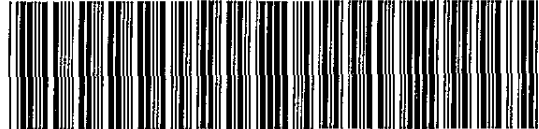
(Business Entity Name)

(Document Number)

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STUDY UNIT OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jorge A Rodriguez Drywall, LLC
(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:

Jorge A. Rodriguez
(Name of Person)

Jorge A. Rodriguez, LLC
(Firm/Company)

P.O. Box 597
(Address)

Gretna, FL 32332
(City/State and Zip Code)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Patricia A. Singleton at 850, 383-1940
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jorge A. Rodriguez Drywall, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 597
Gretna, FL 32332

Mailing Address:

P.O. Box 597
Gretna, FL 32332

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

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

Jorge A. Rodriguez
1241 W. Third St. CL
P.O. Box 597
Name
Florida street address (P.O. Box **NOT** acceptable)
Gretna, FL 32332
City, State, and Zip
Tall, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
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

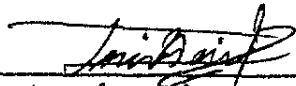
Name and Address:

Jorge A. Rodriguez
P.O. Box 597
Gretna, FL 32332

(Use attachment if necessary)

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.)

Jorge A. Rodriguez

Typed or printed name of signee

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104 FEB -3 AM 10:21
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TALLAHASSEE, FLORIDA